

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90945 011 \*\*\*\*70.00

**DOCUMENT # 703982**

1. Entity Name

**GIRL SCOUTS OF GULF COAST FLORIDA, INC.**

Principal Place of Business

Mailing Address

2909 OLYMPIC STREET  
 SARASOTA FL 34231

2909 OLYMPIC STREET  
 SARASOTA FL 34231-6319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0760212**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, SANDRA**  
 2909 OLYMPIC ST  
 SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-26-00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, SANDRA</b>	
STREET ADDRESS	<b>2616 BRITANNIA RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, TAMMY</b>	
STREET ADDRESS	<b>13515 2ND AVE</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ATHERTON, SUSAN</b>	
STREET ADDRESS	<b>1111 3RD AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34206</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>RONK, JENNY</b>	
STREET ADDRESS	<b>1404 SHADOW RIDGE CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEMAN, MARSHA</b>	
STREET ADDRESS	<b>4100 MARINER LEMAN</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>EZZELL, LUNDA</b>	
STREET ADDRESS	<b>2768 RYAN BLVD.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-00**

Date

**941-921-5358**

Daytime Phone #

CR2E037 (9/99)