

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91553 028 ****70.00

DOCUMENT # 703982

1. Entity Name

GIRL SCOUTS OF GULFCOAST FLORIDA, INC.

Principal Place of Business

Mailing Address

2909 OLYMPIC STREET
 SARASOTA FL 34231

2909 OLYMPIC STREET
 SARASOTA FL 34231

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

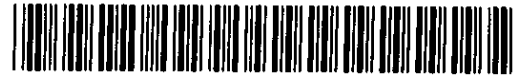
Applied For

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

B. 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)

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 Delete
 NAME **D STEWART, SANDRA**
 STREET ADDRESS **2616 BRITANNIA RD**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP DAWSON, TAMMY**
 STREET ADDRESS **13515 2ND AVE**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME **VP HOLLAWAY, FRAN**
 STREET ADDRESS **5637 FORESTER LAKE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Delete
 NAME **T ATHERTON, SUSAN**
 STREET ADDRESS **1111 3RD AVE. W.**
 CITY-ST-ZIP **BRADENTON FL 34206**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD RONK, JENNY**
 STREET ADDRESS **1404 SHADOW RIDGE CIRCLE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD ALLEMAN, MARSHA**
 STREET ADDRESS **4100 MARINER LEMAN**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE Change Addition
 NAME **SD LAWSON, LYNN**
 STREET ADDRESS **5220 SHADOW LAWN DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Delete
 NAME **PD EZZELL, LINDA**
 STREET ADDRESS **2768 RYAN BLVD.**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change 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: *Sandra Stewart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01

941-921-5358

CR2E037 (10/00)