

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90003 025 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0760212**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

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>HOLLOWAY, FRAN</b>	
STREET ADDRESS	<b>5637 FORESTER LAKE DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</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>LAWSON, LYNN</b>	
STREET ADDRESS	<b>5220 SHADOW LAWN DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>EZZELL, LINDA</b>	
STREET ADDRESS	<b>2768 RYAN BLVD.</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5524 Bilbao Place</b>	
CITY-ST-ZIP	<b>Sarasota FL 34238</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4001 Gulf Drive #105</b>	
CITY-ST-ZIP	<b>Holmes Beach FL 34217</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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandra Stewart*  
**Sandra Stewart**

Date

Daytime Phone #

**2/15/02 941-921-5358**

CR2E037 (9/01)