

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709643

1. Entity Name

CENTRAL FLORIDA COUNCIL BOY SCOUTS OF AMERICA, I

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90019 017 \*\*\*\*70.00

Principal Place of Business  
1951 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 102  
APOPKA FL 32703-7747

Mailing Address  
1951 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 102  
APOPKA FL 32703-7747

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

59-0624376

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, WAYNE C.  
1951 S. ORANGE BLOSSOM TRAIL  
SUITE 102  
APOPKA FL 32703-7747

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	T	<input type="checkbox"/> Delete
NAME	HARDY, W. MARVIN	
STREET ADDRESS	1209 BELLAIRE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BREWER, GARY	
STREET ADDRESS	339 PARK AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PE-	<input type="checkbox"/> Delete
NAME	ZYCHINSKI, MICHAEL	
STREET ADDRESS	200 S. ORANGE AVE., SUITE 1800	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROCK, WAYNE C.	
STREET ADDRESS	1244 FOX FORREST CR	
CITY-ST-ZIP	APOPKA FL	
TITLE	ASE	<input type="checkbox"/> Delete
NAME	BERNHARD, MICHAEL J	
STREET ADDRESS	PO BOX 531084 N/A	
CITY-ST-ZIP	ORLANDO FL 32853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYCHINSKI, MICHAEL	
STREET ADDRESS	200 S ORANGE AVE STE 1800	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	FE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICO PEREZ	
STREET ADDRESS	200 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
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

2/15/2000

Date

407-889-4403 X 226

Daytime Phone #

CR2E037 (9/99)