

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14858

1. Entity Name

BOY SCOUT TROOP 403 OF ORMOND BEACH, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90107 042 ****61.25

Principal Place of Business

Mailing Address

857 QUAIL RUN
ORMOND BEACH FL 32174
US

857 QUAIL RUN
ORMOND BEACH FL 32174-6137
US

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

59-2002450

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

UPSON, MAGNOLIA J.
857 QUAIL RUN
ORMOND BEACH FL 32174

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:

FEES ARE \$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. RUIZ, MARK**
STREET ADDRESS **1424 PRIMROSE LANE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S. NORTON, PENELOPE**
STREET ADDRESS **220 N. BEACH ST.**
CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D. KNIGHT, STEPHEN**
STREET ADDRESS **11 IROQUOIS TR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D. CIRILLO, JOSEPH**
STREET ADDRESS **12119 RIVER BREEZE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD UPSON, MAGNOLIA J.**
STREET ADDRESS **857 QUAIL RUN**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D. CONE, DANIEL**
STREET ADDRESS **155 LAVERNA DR**
CITY-ST-ZIP **HOLLY HILL FL 32117**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00 904 677-3581
Date Daytime Phone #

CR2E037 (9/99)