

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90043 044 ****61.25

DOCUMENT # 700662

1. Entity Name

THE HEART OF FLORIDA GIRL SCOUT COUNCIL, INC.

Principal Place of Business

Mailing Address

1831 N GILMORE AVENUE
 LAKELAND FL 33805
 US

1831 N GILMORE AVENUE
 LAKELAND FL 33805-3017
 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

59-0895909

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

CARTER, CAROL J
1312 MIRROR TERRACE NW
WINTER HAVEN FL 33881

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 **PD** ☐ Delete
 NAME **CARTER, CAROL J.**
 STREET ADDRESS **1312 MIRROR TERRACE NW**
 CITY-ST-ZIP **WINTER HAVEN FL**

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

TITLE **VD** ☒ Delete
 NAME **BEVIS, PATRICIA A**
 STREET ADDRESS **310 SE 20TH TERRACE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **VD** ☐ Change ☒ Addit
 NAME **MOORE, KEM**
 STREET ADDRESS **2012 SEMINOLE TRAIL**
 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **VD** ☐ Delete
 NAME **DUNN, ELLERY**
 STREET ADDRESS **4022 NE 8TH STREET**
 CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **TD** ☒ Delete
 NAME **HARRIS, VIRGINIA C.**
 STREET ADDRESS **4405 HALLAMVIEW LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **TD** ☐ Change ☒ Addit
 NAME **OETERS, FRED**
 STREET ADDRESS **924 WEDGEWOOD LANE**
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **SD** ☐ Delete
 NAME **TICE, BRENDA**
 STREET ADDRESS **628 HENLOCK LANE**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☒ Change ☐ Addit
 NAME
 STREET ADDRESS **628 HEMLOCK LANE**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
 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, as 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

Carol J. Carter 2-11-00 (863) 299-4253

Date

Daytime Phone #