2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90024 041 ****61.25

DOCUMENT # 701024

1. Entity Name

GATEWAY GIRL SCOUT COUNCIL INCORPORATED

Principal Place of Business	Mailing Address
1000 SHEARER STREET JACKSONVILLE FL 32205-6055	1000 SHEARER STREET JACKSONVILLE FL 32205-6055

DO NOT WRITE IN THIS SPACE

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 59-0637857 ☐ 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
TYSVER, SANDRA B 1000 SHEARER ST JACKSONVILLE FL 32205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIPSKY, JAN 3813 TREE LAKE DR JACKSONVILLE, FL 00000 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMSON, BEVERLY 11183 CHESTER LAKE RD W JACKSONVILLE FL 32256 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Meltonia Jenkins-May 4255 CAmellia Circle East Jacksonville FL 32207 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, CAROLYN W. 4217 POINT LA VISTA ROAD JACKSONVILLE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GORDON, BETH ~~1525 AVONDALE AVE~~ ~~JACKSONVILLE BEACH FL 32205~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4824 Apache Ave Jacksonville FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOWLAND, MICHAEL 113 BOUGANVILL DR PONTE VERDA BEACH FL 32082 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Nowlan, Michael
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FINGER, LINDA ~~4817 MARINERS POINT DR~~ ~~JACKSONVILLE FL 32225~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Walker, Linda 4207 Richmond Park Dr. E. Jacksonville, FL 32224

CR2E037 (9/99)

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 Sandra Tysver Director 4/14/00 (904)388-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #