

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701238

1. Entity Name

BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

801 NORTH MAGNOLIA AVENUE
SUITE 305
ORLANDO FL 32803
US

P.O. BOX 2967
ORLANDO FL 32802
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

59-0951887

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

CAIN, GARY W.
801 NORTH MAGNOLIA AVE.
#305
ORLANDO FL 32803

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	CD	<input type="checkbox"/> Delete
NAME	LONG, DOUGLAS F	
STREET ADDRESS	12540 PARK AVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CANIN, MYRNA F	
STREET ADDRESS	500 DELANEY AVENUE SUITE 404	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAVANAUGH, CASEY	
STREET ADDRESS	210 E COPELAND DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALCUTT, ROBERT	
STREET ADDRESS	300 E. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAIN, GARY W	
STREET ADDRESS	801 N. MAGNOLIA AVENUE, SUITE 305	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EISERMAN, LES	
STREET ADDRESS	1400 WEST FAIRBANKS SUITE 102	
CITY-ST-ZIP	WINTER PARK FL 32789	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90231 033 ****61.25

80045368



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)