

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90290 018 ****61.25

DOCUMENT # 701238

1. Entity Name

BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**801 NORTH MAGNOLIA AVENUE
SUITE 305
ORLANDO FL 32803
US**

Mailing Address
**P.O. BOX 2987
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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gary W. Cain

3/26/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
NAME **LONG, DOUGLAS F**
STREET ADDRESS **12540 PARK AVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **V/D** ☐ Change ☐ Addition
NAME **STEVE APPEL**
STREET ADDRESS **111 N. ORANGE AVE. SUITE 404**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **VD** ☐ Delete
NAME **CANIN, MYRNA F**
STREET ADDRESS **500 DELANEY AVENUE SUITE 404**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **C/D** ☒ Change ☐ Addition
NAME **C/D**
STREET ADDRESS **215 N. EOLA DR.**
CITY-ST-ZIP **ORLANDO, FL 32802**

TITLE **SD** ☐ Delete
NAME **CAVANAUGH, CASEY**
STREET ADDRESS **210 E COPELAND DR**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
NAME **215 N. EOLA DR.**
STREET ADDRESS **ORLANDO, FL 32802**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CALCUTT, ROBERT**
STREET ADDRESS **300 E. GREENTREE LANE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **V/D** ☐ Change ☐ Addition
NAME **STEVE RUOFF**
STREET ADDRESS **2200 LUCIEN WAY, SUITE 350**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **P** ☐ Delete
NAME **CAIN, GARY W**
STREET ADDRESS **801 N. MAGNOLIA AVENUE, SUITE 305**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME **CAIN, GARY W**
STREET ADDRESS **801 N. MAGNOLIA AVENUE, SUITE 305**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **TD** ☐ Delete
NAME **EISERMAN, LES**
STREET ADDRESS **1400 WEST FAIRBANKS SUITE 102**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **V/D** ☒ Change ☐ Addition
NAME **EISERMAN, LES**
STREET ADDRESS **1400 WEST FAIRBANKS SUITE 102**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

Gary W. Cain

3/26/03 407 844 6855

CR2E037 (10/02)

Attachment

90066633

DOCUMENT #701238

BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC.

FEI NUMBER: 59-0951887

ADDITIONAL OFFICERS/DIRECTORS

Title: T/D

Name: MARION F. HATCHER, III

Street Address: 720 RUBY STREET, SUITE 220

City-St-Zip: ORLANDO, FL 32804