

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703581

1. Entity Name

GULF RIDGE COUNCIL BOY SCOUTS OF AMERICA, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90053 015 ****70.00

Principal Place of Business

Mailing Address

4410 BOY SCOUT BOULEVARD
TAMPA FL 33607
US

4410 BOY SCOUT BLVD.
TAMPA FL 33607-5718
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

59-0624406

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

BARON, LES O.
4410 BOY SCOUT BLVD.
TAMPA FL 33607

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 ☐ Delete
NAME
STANTON, KENNETH D
STREET ADDRESS
703 GAIL AVE.
CITY-ST-ZIP
TEMPLE TERRACE FL

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

TITLE ☐ Delete
NAME
CARRERE, MICHAEL L
STREET ADDRESS
400 N TAMPA ST
CITY-ST-ZIP
TAMPA FL 33602

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

TITLE ☐ Delete
NAME
BARON, LES O.
STREET ADDRESS
4410 BOY SCOUT BLVD
CITY-ST-ZIP
TAMPA FL 33607

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

TITLE ☐ Delete
NAME
HYATT, KENNETH E.
STREET ADDRESS
1500 DALE MABRY
CITY-ST-ZIP
TAMPA FL 33607

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

TITLE ☐ Delete
NAME
DEAL, GREGORY R
STREET ADDRESS
230 S FLORIDA AVE
CITY-ST-ZIP
LAKELAND FL

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

TITLE ☐ Delete
NAME
WHITE, CHARLES S
STREET ADDRESS
PO BOX 1119
CITY-ST-ZIP
PLANT CITY FL 33564

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

Date

Daytime Phone #

CR2E037 (9/99)

03/31/00 (813) 2691872