

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703581

1. Entity Name

GULF RIDGE COUNCIL BOY SCOUTS OF AMERICA, INC.

Principal Place of Business

Mailing Address

4410 BOY SCOUT BOULEVARD
TAMPA FL 33607
US

4410 BOY SCOUT BLVD.
TAMPA FL 33607
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

3/23/01

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
VD
STANTON, KENNETH D
703 GAIL AVE.
TEMPLE TERRACE FL

☐ Delete

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

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Alfred W. Swan
P.O. Box 179
Clearwater, FL 33757
☐ Change ☒ Addition

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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 any other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

813-872-2691

Daytime Phone #

818764



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)