

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703581

1. Entity Name

GULF RIDGE COUNCIL, INC., BOY SCOUTS OF AMERICA

Principal Place of Business

4410 BOY SCOUT BOULEVARD
TAMPA FL 33607
US

Mailing Address

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME SWAN, ALFRED W
STREET ADDRESS PO BOX 179
CITY-ST-ZIP CLEARWATER FL 33757

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME WHITE, CHARLES S
STREET ADDRESS PO BOX 1119
CITY-ST-ZIP 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

02/04/02 18138722691

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90576 027 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)