

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003950

1. Entity Name

SEA SCOUT SHIP BINNEY FOUNDATION, INC.

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91507 032 ****61.25

Principal Place of Business

759 RIO VISTA DRIVE
FORT PIERCE FL 34982

Mailing Address

759 RIO VISTA DRIVE
FORT PIERCE FL 34982

2. Principal Place of Business

1120 Seaway Dr.
Suite, Apt. #, etc.
Fort Pierce, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34949 U.S.

4. FEI Number

65-1017445

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

YATES, E. CLAYTON
205 SOUTH SECOND STREET
FORT PIERCE FL 34950

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 PD ☐ Delete
NAME FREDERICK, GREGORY J
STREET ADDRESS 759 RIO VISTA DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☒ Change ☐ Addition
NAME Fredrick, Gregory J
STREET ADDRESS (spelling correction)
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME FREDRICK, KATHLEEN P
STREET ADDRESS 759 RIO VISTA DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE VD ☐ Delete
NAME YATES, E. CLAYTON
STREET ADDRESS 205 SOUTH SECOND STREET
CITY-ST-ZIP FORT PIERCE FL 34950

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

TITLE D ☐ Delete
NAME KING, WILLIAM
STREET ADDRESS 6103 CASSIA DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE SD ☐ Delete
NAME MATTHEWS, ROBERT
STREET ADDRESS 3001 JOHNSTON ROAD
CITY-ST-ZIP FORT PIERCE FL 34951

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

TITLE D ☐ Delete
NAME CHAMPMAN, SALLY
STREET ADDRESS 8431 IMMOKOLEE ROAD
CITY-ST-ZIP FORT PIERCE FL 34951

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 (9/01)