

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90953 019 *****61.25

DOCUMENT # NO1000006954

1. Entity Name

NPS BACKCOUNTRY FOUNDATION, INCORPORATED



Principal Place of Business

**2403 STATE STREET
TAMPA FL 33609**

Mailing Address

**2403 STATE STREET
TAMPA FL 33609**

2. Principal Place of Business

1911 DOVE FIELD PL

3. Mailing Address

PO BOX 2257

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

MANGO FL

Zip

33510

Country

USA

Zip

33550

Country

USA

4. FEI Number **59-3739981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWSON, MONICA Z
2403 STATE STREET
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **JOHN A GEDERS**

Street Address (P.O. Box Number is Not Acceptable)

1911 DOVE FIELD PL

City **BRANDON**

FL

Zip Code

33510

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 **JOHN A GEDERS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/03

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

TITLE **D** ☐ Delete
NAME **GEDERS, JOHN**
STREET ADDRESS **P.O. BOX 2257**
CITY-ST-ZIP **MANGO FL 33550**

TITLE **D** ☒ Delete
NAME **GEDERS, DARCY**
STREET ADDRESS **P.O. BOX 2257**
CITY-ST-ZIP **MANGO FL 33550**

TITLE **D** ☒ Delete
NAME **LAWSON, MONICA Z**
STREET ADDRESS **2403 STATE STREET**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **DONALD E. ATILIO**
STREET ADDRESS **PO BOX 571446**
CITY-ST-ZIP **HOUSTON, TX 77257**

TITLE ☒ Change ☐ Addition
NAME **LAWRENCE WILLIAM ROLPH**
STREET ADDRESS **424 SUMMIT CHASE DR**
CITY-ST-ZIP **VALRICO, FL 33594**

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

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

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: **JOHN A GEDERS** **4/22/03** **813 220 0579**

CR2E037 (10/02)