

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005397

1. Entity Name

GATOR WILDERNESS CAMP SCHOOL, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90026 036 \*\*\*\*70.00

Principal Place of Business  
44930 FARABEE RD  
PUNTA GORDA FL 33982  
US

Mailing Address  
44930 FARABEE RD  
PUNTA GORDA FL 33982-9536  
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 65-0704638  
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

Griffin, Bob  
33920 FARABEE ROAD  
PORTA GORDA FL 33982

Name Bob Griffin  
Street Address (P.O. Box Number is Not Acceptable)  
44930 Farabee Rd.  
Punta Gorda, Fl  
City FL Zip Code 33982

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  
NAME WEAVER, ROBERT L  
STREET ADDRESS 3910 ETON PLACE  
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE TD  
NAME Robert Griffin  
STREET ADDRESS 44930 Farabee Road  
CITY-ST-ZIP Punta Gorda, Fl. 33982 ☐ Change ☒ Addition

TITLE VD  
NAME YODER, MARK H  
STREET ADDRESS 5812 BRADEN RIVER ROAD  
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

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

TITLE SD  
NAME SMUCKER, ANDREW  
STREET ADDRESS 856 PINE RIDGE LANE  
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE SD  
NAME Andrew Smucker  
STREET ADDRESS 11134 S.E. Shelfer Av.  
CITY-ST-ZIP Arcadia, Fl. 34266 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 Robert Griffin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-639-7721  
April 20, 2000  
Date Daytime Phone #

CR2E037 (9/99)