

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005397

1. Entity Name

GATOR WILDERNESS CAMP SCHOOL, INC.

Principal Place of Business

44930 FARABEE RD
PUNTA GORDA FL 33982
US

Mailing Address

44930 FARABEE RD
PUNTA GORDA FL 33982
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GRIFFIN, BOB
44930 FARABEE RD
PORTA GORDA FL 33982

7. Name and Address of New Registered Agent

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

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

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

TITLE SD
NAME SMUCKER, ANDREW
STREET ADDRESS 11134 SE SHELTER AVE
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

TITLE TD
NAME GRIFFIN, ROBERT
STREET ADDRESS 44930 FARABEE RD
CITY-ST-ZIP PUNTA GORDA FL 33982 ☐ Delete

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 PP
NAME Miller, Carlin
STREET ADDRESS 4217 Linwood St
CITY-ST-ZIP Sarasota, FL 34232 ☐ Change ☒ Addition

TITLE SD
NAME Yoder, Jesse
STREET ADDRESS 4464 Beacon Dr
CITY-ST-ZIP Sarasota, FL 34232 ☐ Change ☒ Addition

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

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 941-639-7722

Date Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 015 ****61.25

550736



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)