

2002 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

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

GRIFFIN, BOB
44930 FARABEE RD
PORTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name

Bob Griffin

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

44930 Farabee Rd.

Punta Gorda

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	YODER, MARK H	
STREET ADDRESS	5812 BRADEN RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRIFFIN, ROBERT	
STREET ADDRESS	44930 FARABEE RD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, CARLIN	
STREET ADDRESS	4217 LINWOOD STREET	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YODER, JESSE	
STREET ADDRESS	4464 BEACON DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

941-639-7722

Daytime Phone #

CR2E037 (9/01)

0084715

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90143 031 ****70.00



DO NOT WRITE IN THIS SPACE