

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # N96000005397**

1. Entity Name

**GATOR WILDERNESS CAMP SCHOOL, INC.**



01-15-2003 90096 001 \*\*\*\*61.25

01-15-2003 90096 002 \*\*\*\*8.75

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

7. Name and Address of New Registered Agent

**GRIFFIN, BOB  
44930 FARABEE RD  
PORTA GORDA FL 33982**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

1-10-03 941-639-7722

Date

Daytime Phone #

CR2E037 (10/02)