

4/15/0

FILED
May 21, 2002 8:00 am
Secretary of State

04-15-2002 90006 032 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004960

1. Entity Name

B.S.A. TROOP 206, MARGATE, FL, INC.

Principal Place of Business

2591 NW 114 AVE
CORAL SPRINGS FL 33065

Mailing Address

2591 NW 114 AVE
CORAL SPRINGS FL 33065

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

65-0640023

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSEN, ELIZABETH
2591 NW 114 AVE
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUBINGER, ROBERT C	
STREET ADDRESS	8868 NW 20 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CIPYAK, JON L III	
STREET ADDRESS	8977 NW 3 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRCHOFF, JAMES L	
STREET ADDRESS	6718 NW 66 AVE	
CITY-ST-ZIP	PARKLAND FL 33067	

TITLE	D	<input type="checkbox"/> Delete
NAME	FATTIZZI, Anthony	
STREET ADDRESS	3200 SW 131 Terrace	
CITY-ST-ZIP	DAVIE, FL 33330	

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANEY, Charles E.	
STREET ADDRESS	6782 NW 63rd Way	
CITY-ST-ZIP	Parkland, FL 33067	

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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)