

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90002 006 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 704853
 1. Entity Name
UNITED WAY OF ST. LUCIE COUNTY, INC.

Principal Place of Business Mailing Address
4800 SOUTH US HIGHWAY 1 **4800 SOUTH US HIGHWAY 1**
FORT PIERCE FL 34982 **FORT PIERCE FL 34982-7078**

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 Applied For
59-6212157 Not Applicable

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

6. Name and Address of Current Registered Agent
BUTTS, JACKIE J.
4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

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 Jackie Butts, CEO *Jackie Butts* 3/23/00
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 NAME STREET ADDRESS CITY-ST-ZIP	P KNAPP, KAREN 1351 SE PALM BEACH RD PORT ST LUCIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Storrs, Staci 2300 VIRGINIA AVE Fort Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGER, GARY 111 ORANGE AVE FT PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANA Beard 300 NW PARADE AVE Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENLIEF, BILLIE 3300 OKEECHOBEE RD FT PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Driscoll 2222 Colonial Rd Ste 100 Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, PAUL 1633 SWEETBAY CIR PALM CITY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brad Smith 610 Delaware Ave Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, GREG 1900 OLD DIXIE HWY FT PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Fitzgerald 8000 S US #1 Ste 300 Port St Lucie, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANAWAIT, Scott 1555 NW St. Lucie West Blvd Ste 101 Port St Lucie, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fran Stein 900 E Prima Vista Blvd 4th floor Port St Lucie, FL 34952

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: Karen Knapp *Karen Knapp* 3/22/00 468-5027 3/23/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)