

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

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)