2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State
02-03-2001 90040 011 ****70.00

DOCUMENT # 704853

1. Entity Name

UNITED WAY OF ST. LUCIE COUNTY, INC.

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

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-6212157 ☐ Applied For ☐ 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: Cris Adams
Street Address (P.O. Box Number is Not Acceptable): 4800 South U.S. Highway 1
City: Ft. Pierce FL Zip Code: 34982

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 [redacted] 1/10/01
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	VP KNAPP, KAREN 1351 SE PALM BEACH RD PORT ST LUCIE FL	☒ Delete	TITLE P NAME Scott HANAWALT PD STREET ADDRESS 1555A/W St Lucie West Blvd, Ste 101 CITY-ST-ZIP Port St. Lucie, FL 34986	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERGER, GARY D 111 ORANGE AVE FT PIERCE FL	☐ Delete	TITLE VP NAME tom Pantz D STREET ADDRESS 1700 S 23rd St CITY-ST-ZIP Fort Pierce, FL 34954	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENLIEF, BILLIE 3300 OKEECHOBEE RD FT PIERCE FL	☒ Delete	TITLE S NAME Staci Storms D STREET ADDRESS 1626 SE Port St Lucie Blvd CITY-ST-ZIP Port St Lucie, FL 34982	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, PAUL 1633 SWEETBAY CIR PALM CITY FL	☒ Delete	TITLE D NAME Marsha thompson D STREET ADDRESS 3209 Virginia Ave CITY-ST-ZIP Fort Pierce, FL 34981	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, GREG 1900 OLD DIXIE HWY FT PIERCE FL	☒ Delete	TITLE D NAME Brad Smith D STREET ADDRESS 610 Delaware Ave CITY-ST-ZIP Fort Pierce, FL 34950	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HANAWAIT, SCOTT 1555 NW ST LUCIE WEST BLVD STE 101 PORT SAINT LUCIE FL 34986	☐ Delete	TITLE D NAME Mike Driscoll D STREET ADDRESS 2222 Colonial Rd, Suite 100 CITY-ST-ZIP Fort Pierce FL 34950	☐ Change	☒ Addition

CR2E037 (10/00)

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 1-25-01 561-878-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #