2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90110 001 ***140.00

DOCUMENT # 705463

1. Entity Name

UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2912 N. "E" ST PENSACOLA FL 32501	3636 NORTH "L" STREET SUITE A-3 PENSACOLA FL 32505 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2912 North "E" Street Suite, Apt. #, etc.
City & State	City & State: Pensacola, Florida
Zip / Country	Zip: 32501-1324 / Country: Escambia

4. FEI Number: 59-0737912 ☐ 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
WHITE, SHERRY A. 3636 NORTH "L" STREET SUITE A-3 PENSACOLA FL 32505	Name Street Address (P.O. Box Number is Not Acceptable): 2912 North "E" Street City: Pensacola **FL** Zip Code: 32501-1324

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 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	CD BROWN, DESMOND 5147 NORTH 9TH AVENUE SUITE 405 PENSACOLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Doman, JoAnn Pace 1213 Willowood Lane Gulf Breeze, FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOFTIN, JOE M. 2447 EXEC PLAZA DRIVE PENSACOLA, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mallini, G.A. "Tony" 724 NE Karen Ave Fort Walton Beach, FL 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLMES, JR G 9743 CREEK BRIDGE CIR PENSACOLA FL 32514	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FREDERICKSON, ROSEMARY 800 N 12TH AVE PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RITCHIE, BUZZ 316 S BAYLEN ST PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOLLETER, DEBRA 400 GULF BREEZE PKWY STE 301A GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Buzz Ritchie Buzz Ritchie, Chairman of the Board 3/22/01 (850) 444-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #