

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90748 001 ***140.00

DOCUMENT # 705463

1. Entity Name

UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**2912 NORTH "E" STREET
 PENSACOLA FL 32501**

**2912 NORTH "E" STREET
 PENSACOLA FL 32501
 US**

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

59-0737912

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
WHITE, DR. SHERRY A., PRESIDENT/CEO

Street Address (P.O. Box Number is Not Acceptable)
2912 NORTH "E" STREET

DEPARTMENT OF STATE

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
SD ☐ Delete
 NAME
DOMAN, JOANN PACE
 STREET ADDRESS
1213 WILLOWOOD LANE
 CITY-ST-ZIP
GULF BREEZE FL 32561

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
GULF BREEZE, FL 32563

TITLE
TD ☐ Delete
 NAME
MALLINI, G A "TONY"
 STREET ADDRESS
724 NE KAREN AVENUE
 CITY-ST-ZIP
FORT WALTON BEACH FL 32547

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
140 COUNTRY CLUB ROAD
 CITY-ST-ZIP
SHALIMAR, FL 32579

TITLE
VD ☐ Delete
 NAME
FREDERICKSON, ROSEMARY
 STREET ADDRESS
800 N 12TH AVE
 CITY-ST-ZIP
PENSACOLA FL

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
C/D
 CITY-ST-ZIP
PENSACOLA, FL 32501-3303

TITLE
CD ☐ Delete
 NAME
RITCHIE, BUZZ
 STREET ADDRESS
316 S BAYLEN ST
 CITY-ST-ZIP
PENSACOLA FL 32501

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
FAIR, BOBBY
 CITY-ST-ZIP
400 WEST GARDEN ST
PENSACOLA, FL 32501

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

ROSEMARY FREDERICKSON, CHAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 438-0949

Date

Daytime Phone #

CR2E037 (9/01)