

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90409 001 ***140.00

DOCUMENT # 705463

1. Entity Name

UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, SHERRY A.
2912 NORTH 'E' STREET
PENSACOLA FL 32501**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 32563**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **MALLINI, G A 'TONY'**
STREET ADDRESS **140 COUNTRY CLUB ROAD**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **SD** ☐ Change ☒ Addition
NAME **FIELDER, MICHELE W.**
STREET ADDRESS **70 N. BAYLEN ST.**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **CD** ☐ Delete
NAME **FREDERICKSON, ROSEMARY**
STREET ADDRESS **800 N 12TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **VD** ☐ Change ☒ Addition
NAME **MCLAMB, BILLY D.**
STREET ADDRESS **3838 NAVY BLVD.**
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE **D** ☐ Change ☒ Addition
NAME **HUGGINS, W. BRAD**
STREET ADDRESS **605 W. GARDEN ST.**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **VD** ☐ Delete
NAME **FAIR, BOBBY**
STREET ADDRESS **400 WEST GARDEN STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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
SIGNATURE REQUIRED

3-11-03

(850) 438-0949

CR2E037 (10/02)