

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90016 029 \*\*\*\*\*61.25

**DOCUMENT # 707160**

1. Entity Name

**UNITED WAY OF ALACHUA COUNTY, INC.**

Principal Place of Business

**6031 N.W. 1ST PLACE  
 GAINESVILLE FL 32607-2025**

Mailing Address

**6031 N.W. 1ST PLACE  
 GAINESVILLE FL 32607-2025**

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

**59-0808855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ --

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**REARDON, STEVEN E.  
 6031 N.W. 1ST PLACE  
 GAINESVILLE FL 32607**

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

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

TITLE PD ☒ Delete  
 NAME PHILLIPS, WINFRED M  
 STREET ADDRESS PO BOX 115500  
 CITY-ST-ZIP GAINESVILLE FL 32611-5500

TITLE PD ☒ Delete  
 NAME TYREE, LARRY W  
 STREET ADDRESS 3000 N.W. 83RD STREET  
 CITY-ST-ZIP GAINESVILLE FL 32606

TITLE STD ☒ Delete  
 NAME FINE, STEVEN M  
 STREET ADDRESS 4606 SW 97 TERR  
 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Delete  
 NAME JONES, LIZ  
 STREET ADDRESS 5915 NW 27TH AVE  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
 NAME Page, Bob  
 STREET ADDRESS 4340 Newberry Road  
 CITY-ST-ZIP Gainesville, FL 32607

TITLE PD ☒ Change ☐ Addition  
 NAME Phillips, Winfred M.  
 STREET ADDRESS PO Box 115500  
 CITY-ST-ZIP Gainesville, FL 32611-5500

TITLE STD ☐ Change ☒ Addition  
 NAME Hajrston, Don  
 STREET ADDRESS PO Box 140533  
 CITY-ST-ZIP Gainesville, FL 32614-0533

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

TITLE ☐ Change ☐ Addition  
 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:**

*Steven E. Reardon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.1501

352.331-2800

CR2E037 (10/00)