

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/

**DOCUMENT # 707395**

1. Entity Name

**UNITED WAY OF SOUTH SARASOTA COUNTY, INC.**

FILED

00 JUL 10 AM 10:45

Principal Place of Business      Mailing Address  
 220 W. TAMPA AVE.      220 W. TAMPA AVE.  
 P. O. BOX 1542      P. O. BOX 1542  
 VENICE FL 34285-1729      VENICE FL 34293-5132

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business      3. Mailing Address  
**7810 S. Tamiami Trail**      **P.O. Box 1542**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02/03/2000 90020 003 \$61.25

City & State      City & State  
**Venice Florida**      **Venice, Fl.**  
 Zip      Country      Zip      Country  
**34293**           **34284-1542**           **FL**           **FL**

4. FEI Number      Applied For  
**59-1100846**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**HUSKEY, MARVIN T**  
**220 W TAMPA AVE**  
**VENICE FL 34285**

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 fee if applicable (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MORAWA, VALERIE</b> <input checked="" type="checkbox"/> Delete <b>P O BOX 4786</b> <b>OSPREY FL 34229</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>DAILY, KATHY</b> <b>401 VENICE AVE W</b> <b>VENICE FL 34285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>MACKENZIE MICHAEL (D)</b> <b>1235 OXFORD DR S</b> <b>ENGLEWOOD FL 34223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>PENZELL ANDY</b> <b>258 MIAMI AVE</b> <b>VENICE FL 34285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dailey Kathy (D)</b> <b>401 Venice Ave. W</b> <b>VENICE FL 34285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BETTERTON GREG (D)</b> <b>915 TAMAMIAMI TR. S</b> <b>NO KODIAK FL 34275</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KORZILUS ERIC (D)</b> <b>1011 PRINCESS LANE</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ **REQUIRED**      1/24/00      941-993-3115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #