

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-21-2001 90008 013 ****61.25

DOCUMENT # 715398

1. Entity Name

UNITED WAY OF SUWANNEE VALLEY, INC.



Principal Place of Business

Mailing Address

GLEASON MAIL
 4297 US HWY 90
 LAKE CITY FL 32055

P.O. BOX 7088
 LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

411 N Hernando St.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

City & State

Lake City, FL

Zip

Country

Zip

Country

32055

Columbia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1262354

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

BROWN, TOM W
 10 COLUMBIA AVE
 C-25
 LAKE CITY FL 32055

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

Same - no sig req

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 Delete
 NAME GARNER, ROBERT M III
 STREET ADDRESS RT 10, BOX 416-W
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SAWYER, D THOMAS
 STREET ADDRESS PO BOX 300
 CITY-ST-ZIP WHITE SPRINGS FL 32096

TITLE Change Addition
 NAME ~~PASTORS D~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME COLLINS, JEFF
 STREET ADDRESS 4255 US HWY 90 W
 CITY-ST-ZIP LAKE CITY FL 32055

TITLE Change Addition
 NAME Treasurer D Wesley T Small
 STREET ADDRESS PO BOX 2199
 CITY-ST-ZIP Lake City, FL 32056

TITLE Delete
 NAME KUYKENDALL, JOHN G
 STREET ADDRESS 210 S FIRST STREET
 CITY-ST-ZIP LAKE CITY FL 32025

TITLE Change Addition
 NAME President D Lee B. Lewis
 STREET ADDRESS 4307 W US Hwy 90
 CITY-ST-ZIP Lake City, FL 32055

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2001

986-752-5604
 Date Daytime Phone #

CR2E037 (1/0/00)