

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90033 037 ****61.25

DOCUMENT # 738427

1. Entity Name

THE UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC.

Principal Place of Business

Mailing Address

3747 W INT'L SPEEDWAY BLVD
 DAYTONA BEACH FL 32124-1011
 US

3747 W INT'L SPEEDWAY BLVD
 DAYTONA BEACH FL 32124
 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

59-1099774

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

MILLIKEN, GREGORY
3747 W INT'L SPEEDWAY BLVD
DAYTONA BEACH FL 32124

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PSD**
MILLIKEN, GREGORY L
 STREET ADDRESS **809 PELICAN BAY DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
WEITE, JAMES
 STREET ADDRESS **25 OLD KINGS RD #78**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
 NAME **TD**
MAUREEN FRANCE
 STREET ADDRESS **231 N WOODLAND BLVD**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Delete
 NAME **CD**
BROWN, RICHARD C
 STREET ADDRESS **202 SEABREEZE BLVD**
 CITY-ST-ZIP **DAYTONA BCH FL 32126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
GARDNER, JIM
 STREET ADDRESS **1 CORPORATE DR**
 CITY-ST-ZIP **PALM COAST FL 32151**

TITLE Change Addition
 NAME **CD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD**
RICHARD LIND
 STREET ADDRESS **875 STERTHAUS AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED GREGORY L. MILLIKEN 3/28/00 904-253-0563

Date

Daytime Phone #

037 (9/99)