

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740625** (9)
1. Corporation Name
UNITED CEREBRAL PALSY OF SARASOTA-MANATEE, INC.

Principal Place of Business 10910 SOUTH TAMiami TRAIL SARASOTA FL 34236 US	Mailing Address C/O LES LEECH, JR. 9040 SUNSET DRIVE MIAMI FL 33173-3454 US
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3. Date Incorporated or Qualified 10/26/1977	Applied For ☐	Not Applicable ☐
4. FEI Number 59-1796622		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**LEECH, LESLIE W JR
9040 SUNSET DR.
SUITE 70A
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

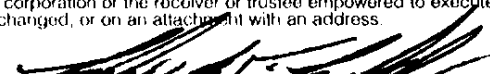
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D ☒ DELETE
NAME	MARSH, PETE
STREET ADDRESS	4190 DRAKESWOOD CIRCLE
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	D ☐ DELETE
NAME	WEINGER, STEVEN M
STREET ADDRESS	2650 SW 27TH AVENUE, 2ND FL
CITY - ST - ZIP	MIAMI FL 33133
TITLE	D ☐ DELETE
NAME	GREENBERG, BARNETT
STREET ADDRESS	7761 SW 176TH STREET
CITY - ST - ZIP	MIAMI FL 33157
TITLE	P ☐ DELETE
NAME	LEECH, LES JR
STREET ADDRESS	9040 SUNSET DR. SUITE 70-A
CITY - ST - ZIP	MIAMI FL 33173
TITLE	S ☐ DELETE
NAME	WEEKS, JAMES G
STREET ADDRESS	9040 SUNSET DR. SUITE 70-A
CITY - ST - ZIP	MIAMI FL 33173
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☐ Change ☒ Addition
1.2 NAME	DEAN, JIMMY
1.3 STREET ADDRESS	601 SOUTH OSPREY AVENUE
1.4 CITY - ST - ZIP	SARASOTA FL 34236
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

1/27/98 (305) 596-9040

CP2E037 (10/97)