

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740625

FILED
Feb 14, 2011
Secretary of State

Entity Name: UNITED CEREBRAL PALSY OF SARASOTA-MANATEE, INC.

Current Principal Place of Business:

1090 SOUTH TAMiami TRAIL
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

9040 SUNSET DRIVE
9040 SUNSET DRIVE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-1796622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR
9040 SUNSET DRIVE
SUITE A
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MUIR, WILLIAM P
Address: 1800 SOUTH OCEAN BLVD #5D
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: WEINGER, STEVEN M
Address: 2650 SW 27TH AVENUE, 2ND FL
City-St-Zip: MIAMI, FL 33133

Title: D
Name: GREENBERG, BARNETT
Address: 7761 SW 176TH STREET
City-St-Zip: MIAMI, FL 33157

Title: P
Name: LEECH, LES JR
Address: 9040 SUNSET DR. SUITE A
City-St-Zip: MIAMI, FL 33173

Title: ST
Name: WEEKS, JAMES G
Address: 9040 SUNSET DR. SUITE A
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE W. LEECH, JR.

PRES

02/14/2011

Electronic Signature of Signing Officer or Director

Date