

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90076 034 ****61.25

DOCUMENT # 753220

1. Entity Name

UNITED WAY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

307 E. 7TH AVENUE
 SUITE 204 B
 TALLAHASSEE FL 32303-5520

307 E. 7TH AVENUE
 SUITE 204 B
 TALLAHASSEE FL 32303-5520

012057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

307 E. Seventh Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

4. FEI Number

59-2104175

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRANGER, THEODORE G.
 307 EAST 7TH AVENUE
 SUITE 204x B
 TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

307 E. Seventh Avenue, Suite B

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 CD Delete
 NAME WEEKES, LEON SR.
 STREET ADDRESS 777 E. ATLANTIC AVE #300
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE CD Change Addition
 NAME M. KATIE PORTA
 STREET ADDRESS 380 SEMORAN COMMERCE PLACE, B204
 CITY-ST-ZIP APOPKA, FL 32704

TITLE D Delete
 NAME PORTA, KATIE ^{380 Semoran}
 STREET ADDRESS 387 CIMMARON COMMERCE PL, B204
 CITY-ST-ZIP APOPKA FL 32704

TITLE D Change Addition
 NAME ALVIN BURNEY
 STREET ADDRESS 2900 APALACHEE PARKWAY, A-430
 CITY-ST-ZIP TALLAHASSEE, FL 32399

TITLE D Delete
 NAME WEEKES, LEON SR.
 STREET ADDRESS 777 E. ATLANTIC AVE #300
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE TS Change Addition
 NAME RON NOWVSKIE
 STREET ADDRESS 525 FENTRESS
 CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE TD Delete
 NAME BURNEY, ALVIN
 STREET ADDRESS 2900 APALACHEE PKWY, #A-430
 CITY-ST-ZIP TALLAHASSEE FL 32399

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

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:

M. Katie Porta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

m. Katie Porta

1-14-00

407/889-4530

Date

Daytime Phone #

CR2E037 (9/99)