

# 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 <sup>380 Semoran</sup>  
 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

Date

407/889-4530

Daytime Phone #

CR2E037 (9/99)