

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

04-12-2001 90013 048 ****61.25

DOCUMENT # 753220

1. Entity Name

UNITED WAY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

307 E. 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

307 E. 7th Avenue

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL 32303

4. FEI Number

59-2104175

Applied For

Not Applicable

Zip

32303-5520

Country

Zip

32303-5520

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

Name

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

307 E. 7th Avenue

City

FL

Zip Code

GRANGER, THEODORE G.**307 EAST 7TH AVENUE****TALLAHASSEE FL 32303**

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 NAME STREET ADDRESS CITY-ST-ZIP	CD PORTA, M K 380 SEMORAN COMMERCE PL B204 APOPKA FL 32704 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Armstrong, Ken 307 E. Seventh Avenue Tallahassee, FL 32303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTA, KATIE 380 SEMORAN COMMERCE PL B204 APOPKA FL 32704 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T D Walter Dry 3418 Knotty Oaks Circle Spring Hill, FL 34606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNIE, ALVIN 2900 APALACHEE PKWY A-430 TALLAHASSEE FL 32309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NOWWISKIE, RON 525 FENTRESS DAYTONA BEACH FL 32114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D Nowvieskie, Ron 275 Clyde Morris Blvd. Ormond Beach, FL 32174-5977 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Kenneth Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Armstrong

Date

Daytime Phone #

4/6/01 850/414-0844

CR2E037 (10/00)