## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#753220** 

Entity Name: UNITED WAY OF FLORIDA, INC.

FILED Apr 24, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 307 E. 7TH AVENUE TALLAHASSEE, FL 323035520 **Current Mailing Address: New Mailing Address:** 307-B EAST 7TH AVENUE TALLAHASSEE, FL 323035520 FEI Number: 59-2104175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRANGER, THEODORE G. 307-B EAST 7TH AVENUE TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ARMSTRONG, KEN ARMSTRONG, KEN Name: Name: 307 E. SEVENTH AVE Address: 307 E. SEVENTH AVE Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: STD () Delete Title: (X) Change ( ) Addition DRY, WALTER Name: DRY, WALTER Name: Address: 3418 KNOTTY OAKS CIRCLE Address: 3418 KNOTTY OAKS CIRCLE City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: SPRING HILL, FL 34606 Title: CD () Delete Title: (X) Change ( ) Addition NOWVISKIE, RON NOWVISKIE, RON Name: Name: 275 CLYDE MORRIS BLVD 275 CLYDE MORRIS BLVD Address: Address: City-St-Zip: ORMOND BEACH, FL 321745977 City-St-Zip: ORMOND BEACH, FL 321745977 Title: () Delete Title: ( ) Change (X) Addition Name: Name: FINNEY, MARILYN 436 MAGNOLIA AVENUE Address: Address: City-St-Zip: City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: ( ) Change (X) Addition SHORE, MELANIE Name: Name: 411 NORTH MAIN Address: Address: GAINESVILLE, FL 32601 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition BARRINEAU, DIANE Name: Name: Address: Address: 1309 S.E. 25 LOOP, STE. 103 OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEN ARMSTRONG CD 04/24/2003