FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # 756769 1. Entity Name UNITED WAY OF MONROE COUNTY, INC. 04-11-2001 90004 021 ****61.25 Principal Place of Business Mailing Address 1010 ELAGLER AVENUE. P.O. BOX 1616 POST OFFICE BOX 1616 KEY WEST FL 33041-1616 KEY WEST FL 33040 Principal Place of Business 3. Mailing Address P.O. BOX United Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1288630 Wea west Ken Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3 30 Y 0 33*0*; - Fee Required - --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ILCHUK, PETER K. 1019 FLAGLER AVE KEY WEST FL 33040 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ocretary Director ☐ Change Addition Detete TITLE TITLE NAME YAHN, DANNY NAME STREET ADDRESS STREET ADDRESS 2945 GROUPER DRIVE CITY-ST-ZIP Key West, FL 33040 CITY-ST-ZIP MARATHON FL 33050 Addition Vice President Director - Change TITLE ☐ Detete TITLE YOUNKERS, MILL JR. NAME Fowler NAME united Streat STREET ADDRESS STREET ADDRESS P O BOX 2808 CITY-ST-ZIP CITY-ST-ZIP-KEY LARGO FL 33037 Ken West Delete Addition TITLE Director ☐ Change TITLE DOLAN-HEITLINGER, JOHN NAME NAME Jackie Hard STREET ADDRESS C/O KEYS FED CR. UNION, PEARY CT. STREET ADDRESS P.O. BOX CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Tavernier Change P Addition TITLE ☐ Detete Director wayne Markham NAME HARDER, JACKIE STREET ADDRESS STREET ADDRESS P O BOX 1197 P.O. BOK 50158 CITY-ST-ZIP CITY-ST-ZIP **TAVERNIER FL 33070** manathon Delete Addition TITLE irector ZUELCH, KIRK C NAME 70m Moore NAME STREET ADDRESS 302 FLEMING ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY WEST FL** ☐ Delete TITLE Addition TITLE NAME LANNON, MICHAEL NAME STREET ADDRESS STREET ADDRESS 242 WHTE STREET CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 33050

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

SIGNATURE