

2000 UNIFORM BUSINESS REPORT (UBR)

00:1587

DOCUMENT # N92000000272

1. Entity Name

VOLUNTEERS OF AMERICA OF FLORIDA, INC.

FILED

00 MAY 26 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

402 REO STREET
STE 105
TAMPA FL 33609

402 REO STREET
STE 105
TAMPA FL 33609-1015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1856992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, R J
101 E. KENNEDY BLVD.
TAMPA FL 33602

Name

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

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 SKIPPER, JESSE L.
STREET ADDRESS 402 REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

TITLE Change Addition
NAME
STREET ADDRESS 800003299518--7
CITY-ST-ZIP -06/21/00--01090--008
*****61.25 *****61.25

TITLE VC Delete
NAME ROOK, ALAN O.
STREET ADDRESS 402 N REO ST., STE. 105
CITY-ST-ZIP TAMPA FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME SPEARMAN, KAHTRYN E
STREET ADDRESS 402 N. REO ST, STE. 105
CITY-ST-ZIP TAMPA FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME EBERHART, CATHY
STREET ADDRESS 402 REO ST, SUITE 105
CITY-ST-ZIP TAMPA FL 33609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kahtryn E. Spearman
Kahtryn E. Spearman Date 5/25/00

Daytime Phone #

CR2E037 19/199