

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90888 001 \*\*\*245.00

**DOCUMENT # N92000000272**

1. Entity Name

**VOLUNTEERS OF AMERICA OF FLORIDA, INC.**



Principal Place of Business

**605 SOUTH BLVD  
TAMPA FL 33606**

Mailing Address

**605 SOUTH BLVD  
TAMPA FL 33606**

**55046026**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1856992**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JENNEWEIN, JONATHAN P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 E. KENNEDY BLVD.**  
City **TAMPA** FL Zip Code **33602**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SKIPPER, JESSE L</b>	
STREET ADDRESS	<b>402 REO ST., STE. 105</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPEARMAN, KATHRYN E</b>	
STREET ADDRESS	<b>402 N. REO ST, STE. 105</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EBERHART, CATHY</b>	
STREET ADDRESS	<b>402 REO ST, SUITE 105</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWINDELL, MERLYN</b>	
STREET ADDRESS	<b>605 SOUTH BOULEVARD</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPEARMAN, KATHRYN E.</b>	
STREET ADDRESS	<b>605 SOUTH BOULEVARD D</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>	
TITLE	<b>CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBERHART, CATHY</b>	
STREET ADDRESS	<b>605 SOUTH BOULEVARD D</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33606</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/30/03**  
DATE

**813 282 1525**  
Daytime Phone #

CR2E037 (10/02)