

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90043 018 *****61.25

DOCUMENT # 709940

1. Entity Name

UNITED WAY OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

**1300 SOUTH ANDREWS AVENUE
FT. LAUDERDALE FL 33316
US****1300 SOUTH ANDREWS AVENUE
FT. LAUDERDALE FL 33316
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0624402

Applied For

Not Applicable

Zip

Country

Zip

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

**MACCONNELL, ROBERT C
1300 S ANDREWS AVE
FT LAUDERDALE FL 33316**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|----------------------|--------------------|------------------------|-------------------------------------|-------------|--------------------|---------------------|--------------------------|--------------------------|-------------------------------------|
| D | ALLEN, GEORGE | 1300 S ANDREWS AVE | FT LAUDERDALE FL 33316 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| CD | HOLCOMBE, WILLIS | 1300 S ANDREWS AVE | FT LAUDERDALE FL 33316 | <input checked="" type="checkbox"/> | BOARD CHAIR | SHAUN M DAVIS, CPA | 1300 S. ANDREWS AVE | FORT LAUDERDALE FL 33316 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DST | CHAPERON, JOHN S | 1300 S ANDREWS AVE | FT LAUDERDALE FL 33316 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| P | MACCONNELL, ROBERT C | 1300 S ANDREWS AVE | FT LAUDERDALE FL 33316 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VP | PROSSER, MARJORIE D | 1300 S ANDREWS AVE | FT LAUDERDALE FL 33316 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Date

Daytime Phone #

CR2E037 (10/00)