

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90907 047 ****61.25

DOCUMENT # 707160

1. Entity Name

UNITED WAY OF ALACHUA COUNTY, INC.

Principal Place of Business

Mailing Address

**6031 N.W. 1ST PLACE
 GAINESVILLE FL 32607-2025**

**6031 N.W. 1ST PLACE
 GAINESVILLE FL 32607-2025**

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

59-0808855

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**REARDON, STEVEN E.
 6031 N.W. 1ST PLACE
 GAINESVILLE FL 32607**

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 PD ☐ Delete
 NAME PAGE, BOB
 STREET ADDRESS 4340 NEWBERRY RAOD
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☒ Delete
 NAME PHILLIPS, WINFRED M
 STREET ADDRESS P.O. BOX 115500
 CITY-ST-ZIP GAINESVILLE FL 32611-5500

TITLE PD ☒ Change ☐ Addition
 NAME C.B. Daniel c/o CNB National Bank
 STREET ADDRESS 7515 West University Avenue
 CITY-ST-ZIP Gainesville, FL 32607

TITLE STD ☒ Delete
 NAME HAIRSTON, DON
 STREET ADDRESS P.O. BOX 140533
 CITY-ST-ZIP GAINESVILLE FL 32614-0533

TITLE STD ☒ Change ☐ Addition
 NAME Ed Poppell c/o University of Florida
 STREET ADDRESS PO Box 113100
 CITY-ST-ZIP Gainesville, FL 32611-3100

TITLE D ☐ Delete
 NAME JONES, LIZ
 STREET ADDRESS 5915 NW 27TH AVE
 CITY-ST-ZIP GAINESVILLE FL 32695

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 352.331.2800
 Date Daytime Phone #

CR2E037 (9/01)