FILED

Apr 22, 2002 8:00 am § Secretary of State

04-22-2002 90169 036 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720484

1. Entity Name

HEART OF FLORIDA UNITED WAY, INC.

1940 TRAYLOR BLVD ORLANDO FL 32804

Principal Place of Business

Mailing Address

1940 TRAYLOR BLVD ORLANDO FL 32804 US

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2. Principal	Place of Busine	ess	3. Ma	iling Address								
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Suite, Ap	t. #, etc.		Su	uite, Apt. #, etc.		٠			DO NOT WRITE	IN THIS S	PACE	
City & Sta	ate	·	Ci	ty & State				4. FEI Number _			l la	pplied For
		·						59	9-0808854			ot Applicable
Zip		Country	Zi	p .	Cour	ntry		5. Certificate of St	atus Desired		8.75 Adee Require	
	6. Name	and Address of Curr	ent Registere	ed Agent				7. Name and Add		gistered A	gent	
			<u> </u>			Name		The second second				,- ,
DYMOND	, WILLIAM T	IR .			ŀ	Street Ad	Idress (F	P.O. Box Number is N	Not Acceptable)			
215 N EQ		ort.										
	FL 32802											
					ļ	City				FL	Zip Cod	e
					İ						J	
B. The above	e named entity	submits this statemen	nt for the purp	ose of changing its	registere	d office or a	registere	ed agent, or both, in	the state of Florid	da.		
SIGNATURE		r printed name of registered a	ment and title if and	nlicable (NOTE	- Hanistered	Agent signatur	e manirad v	when reinstating)		DATE		
			gont and tho if app	(45)	Hogistered	Agent signatur	e radureu v	when remistating)		DATE		ı
	FILE NOW:	FEE IS \$61.25		9. Election Can			- i	\$5.00 May Be	Make	e Check	Payable	to
				Trust Fund C	Contributio	n. L	J ,	Added to Fees	Dej	partmen	t of State)
10.		OFFICERS AND	DIDECTORS		.							
	TD	OFFICERS AND	DIRECTORS		11.		A	DDITIONS/CHANGE	S TO OFFICERS			
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NAME	1				NAME	-				,		

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

KIND GREW

Jill Grevi

4/4/02 407-835-0900

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	2001 NONPROFIT CORPORATION ANNUAL REPORT Attachment Current Changes/Additions - Officers and Directors
City State Zip Title Name Address City State Zip Title	1
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Current Deletions - Officers and Directors

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D Norman R. Levine 1940 Traylor Boulevard Orlando, FL 32804	Valerie Murray 1940 Traylor Boulevard Orlando, FL 32804	V Debranne Alcorn 1940 Traylor Boulevard Orlando, FL 32804	V Jill D. Grevi 1940 Traylor Boulevard Orlando, FL 32804	V V Emery Ivery 1940 Traylor Boulevard Orlando. FL 32804	Dr. Nelson Ying 1940 Traylor Boulevard Orlando, FL 32804 D Matt Zavadsky 1940 Traylor Boulevard Orlando, FI 32804	Diamo, FL 32004 Michael Waters 1940 Traylor Boulevard Orlando, FL 32804	Current Officers and Directors (cont.)	
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2001 NONPROFIT CORPORATION ANNUAL REPORT

Current Changes/Additions - Officers and Directors

Current Officers and Directors (cont.)

Current Deletions - Officers and Directors