2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90748 001 ***140.00

DOCUMENT # 705463

1. Entity Name

UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2912 NORTH "E" STREET PENSACOLA FL 32501	2912 NORTH "E" STREET PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE

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 59-0737912 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, SHERRY A.
3636 NORTH "L" STREET
SUITE A-3
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name: WHITE, DR. SHERRY A., PRESIDENT/CEO
Street Address (P.O. Box Number is Not Acceptable): 2912 NORTH "E" STREET
City: PENSACOLA **FL** Zip Code: 32501-1324

DEPARTMENT OF STATE

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	SD DOMAN, JOANN PACE 1213 WILLOWOOD LANE GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition GULF BREEZE, FL 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALLINI, G A "TONY" 724 NE KAREN AVENUE FORT WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 140 COUNTRY CLUB ROAD SHALIMAR, FL 32579
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FREDERICKSON, ROSEMARY 800 N 12TH AVE PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D ☒ Change ☐ Addition PENSACOLA, FL 32501-3303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RITCHIE, BUZZ 316 S BAYLEN ST PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ☐ Change ☒ Addition FAIR, BOBBY 400 WEST GARDEN ST PENSACOLA, FL 32501
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Rosemary Frederickson ROSEMARY FREDERICKSON, CHAIR (850) 438-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #