

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90748 001 ***140.00

DOCUMENT # 764448

1. Entity Name

UNITED CEREBRAL PALSY PROPERTIES 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**

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

7. Name and Address of New Registered Agent

**WHITE, SHERRY A.
2912 NORTH "E" SYTREET
PENSACOLA FL 32501-1324**

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

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 **CD** ☐ Delete
NAME **DOMAN, JOANN PACE**
STREET ADDRESS **1213 WILLOWOOD LANE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **TD** ☐ Delete
NAME **MALLINI, G A "TONY"**
STREET ADDRESS **724 NE KAREN AVENUE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **140 COUNTRY CLUB RD**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **VD** ☐ Delete
NAME **FREDERICKSON, ROSEMARY**
STREET ADDRESS **800 N 12TH AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **C/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **PENSACOLA, FL 32501-3303**

TITLE **CD** ☒ Delete
NAME **RITCHIE, BUZZ**
STREET ADDRESS **316 S HAYLEN ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **V/D** ☐ Change ☒ Addition
NAME **FAIR, BOBBY**
STREET ADDRESS **400 WEST GARDEN ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

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:

ROSEMARY FREDERICKSON, CHAIR

(850) 438-0949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)