

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007871

Entity Name: UNITED CEREBRAL PALSY OF TAMPA BAY FOUNDATION, INC.**Current Principal Place of Business:**9040 SUNSET DR.
MIAMI, FL 33173**Current Mailing Address:**9040 SUNSET DRIVE
MIAMI, FL 33173 US**FEI Number:** 30-0216715**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WRAY, ZACHARY
9040 SUNSET DRIVE
MIAMI, FL 33173 US*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:** ZACHARY WRAY

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STORM, CHIP
Address 4120 W. TARA STREET
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name LATRICO, SAL
Address 3305 S. SHAMROCK ROAD
City-State-Zip: TAMPA FL 33629

Title DIRECTOR/CHAIR
Name GUNDERMAN, RICHARD
Address 4339 BEAU RIVAGE CIRCLE
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name LANK, BILL
Address 9040 SUNSET DRIVE
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR
Name OWENS, WILLIAM
Address 27537 HICKORY BAY DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name WETHERINGTON, GLORIA A
Address 2050 E. OAKLAND PARK BLVD
City-State-Zip: FT. LAUDERDALE FL 33306

Title DIRECTOR
Name HICKS, GREGORY
Address 5 FAR HILLS DRIVE
City-State-Zip: AVON CT 06001

Title PRESIDENT
Name WRAY, ZACHARY
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ZACHARY WRAY

PRESIDENT

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY/TREASURER
Name KELLEHER, JOHN F
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title ASST. SECRETARY
Name POTTER, SHERRI L
Address 9040 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173