#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007871

Entity Name: UNITED CEREBRAL PALSY OF TAMPA BAY FOUNDATION, INC.

**FILED** Feb 14, 2018 **Secretary of State** CC0692029453

## **Current Principal Place of Business:**

2215 E HENRY AVE TAMPA. FL 33610

## **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 02/14/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	STORM, CHIP	Name	LATRICO, SAL

Address 4120 W. TARA STREET Address 3305 S. SHAMROCK ROAD

**TAMPA FL 33629** City-State-Zip: City-State-Zip: TAMPA FL 33629

Title DIRECTOR Title DIRECTOR/CHAIR Name LANK, BILL Name GUNDERMAN, RICHARD

Address 9040 SUNSET DRIVE Address 4339 BEAU RIVAGE CIRCLE

FORT LAUDERDALE FL 33308 City-State-Zip: City-State-Zip: LUTZ FL 33558

Title DIRECTOR Title **DIRECTOR** 

Name WETHERINGTON, GLORIA A Name OWENS, WILLIAM Address 2050 E. OAKLAND PARK BLVD 27537 HICKORY BAY DRIVE Address City-State-Zip: FT. LAUDERDALE FL 33306

BONITA SPRINGS FL 34134 City-State-Zip:

Title **PRESIDENT** Title DIRECTOR Name WRAY, ZACHARY HICKS, GREGORY Name 9040 SUNSET DRIVE Address **5 FAR HILLS DRIVE** Address City-State-Zip: MIAMI FL 33173 City-State-Zip: AVON CT 06001

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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.

02/14/2018 SIGNATURE: SHERRI POTTER ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleSECRETARY/TREASURERTitleASST. SECRETARYNameKELLEHER, JOHN FNamePOTTER, SHERRI LAddress9040 SUNSET DRIVEAddress9040 SUNSET DRIVECity-State-Zip:MIAMI FL 33173City-State-Zip:MIAMI FL 33173