

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007871

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**8886032366CC**

**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

02/18/2019

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:** SHERRI L POTTER

**ASST SECRETARY**

02/18/2019

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