

2000 UNIFORM BUSINESS REPORT (UBR)

0067515

DOCUMENT # 702977

1. Entity Name

UNITED WAY OF SARASOTA COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 PM 4:39

Principal Place of Business

Mailing Address

1445 2ND STREET
SARASOTA FL 34236
US

1445 2ND STREET
SARASOTA FLA 34236-4905
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0737866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, ALEXANDER L
1445 2ND STREET
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Alexander L. Young, Executive Director

2/29/2000

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	D (SAME)	<input type="checkbox"/> Delete
NAME	YOUNG, ALEX L.	
STREET ADDRESS	1750 17TH ST., UNIT J-2	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COVERT, MICHAEL H	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	C MICHAEL COLLINS	
STREET ADDRESS	240 S PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RUSHING, KAREN E	
STREET ADDRESS	1445 2ND STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIEVENSE, WM C	
STREET ADDRESS	5731 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Mc BEEN	
STREET ADDRESS	1445 2ND STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	DVP
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM RAY	
STREET ADDRESS	1445 2ND STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	DI
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, KAREN E	
STREET ADDRESS	1445 2ND STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Alexander L. Young, Executive Director

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000 (941)366-2686

Date Daytime Phone #

CR2E037 (9/99)

AD