2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # 702977** 1. Entity Name UNITED WAY OF SARASOTA COUNTY, INC. 04-25-2001 90286 001 *****8.75 04-25-2001 90286 002 ****61.25 Principal Place of Business Mailing Address 1445 2ND STREET 1445 2ND STREET SARASOTA FLA 34236 39043 SARASOTA FLA 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0737866 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7._Name and Address of New Registered Agent ___ ---- 75. Name and Address of Current Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, ALEXANDER: L 1445 2ND STREET SARASOTA FL 34236 City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITI F □ Delete YOUNG, ALEX L NAME NAME STREET ADDRESS 1750 17TH ST., UNIT J-2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL DVP DP - Change ☐ Addition Delete TITI F TITLE MCBEEN, ROY McRean, Roy 1445 2nd Street NAME NAME 1445 2ND STREET STREET ADDRESS STREET ADDRESS Sarasota, FL. 34236 _CITY-ST-ZIP -SARASOTA FL 34236 CITY-ST-ZIP DT Change ☐ Addition TITLE ☐ Delete TITLE RAY, TOM: NAME NAME 1445 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FLA 34236 CITY-ST-ZIP Delete OVP TITLE ☐ Change Addition TITLE RUSHING, KAREN E Steve Dvoskin NAME NAME STREET ADDRESS 1445 2ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP

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. 1 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: OR DIRECTOR