

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702977

1. Entity Name

UNITED WAY OF SARASOTA COUNTY, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90126 024 ****70.00

Principal Place of Business

Mailing Address

1445 2ND STREET
SARASOTA FL 34236
US

1445 2ND STREET
SARASOTA FL 34236
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0737866

Applied For

Not Applicable

5. Certificate of Status Desired

☒ (\$8.75 Additional)
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ALEXANDER L. YOUNG
EXECUTIVE DIRECTOR

DATE

4/29/2002

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 ☒ Delete
NAME D
STREET ADDRESS YOUNG, ALEX L
CITY-ST-ZIP 1750 17TH ST., UNIT J-2
SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME 1445 2ND STREET
STREET ADDRESS SARASOTA FL 34236
CITY-ST-ZIP

TITLE ☒ Delete
NAME DVP
STREET ADDRESS MCBEEN, ROY
CITY-ST-ZIP 1445 2ND STREET
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME DVP
STREET ADDRESS RAY, TOM
CITY-ST-ZIP 1445 2ND STREET
SARASOTA FLA 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DP
STREET ADDRESS DDVOSKIN, STEVE
CITY-ST-ZIP 5205 FRUITVILLE ROAD
SARASOTA FL 34234 OK

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS DDVOSKIN, STEVE
CITY-ST-ZIP T

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CHARLES O. MURPHY
STREET ADDRESS 783 S. ORANGE AVE.
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (941) 366-2686
Date Daytime Phone #

CR2E037 (9/01)