FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705469 (5)

1. Corporation Name

UNITED CEREBRAL PALSY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2003 APALACHEE PKWY. SUITE 175 TALLAHASSEE FL 32301-4800 US	2003 APALACHEE PKWY. SUITE 175 TALLAHASSEE FL 32301-4800 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1976
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0714817 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

UHL, JACK
111 E MADISON ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Peterson, Barbara c/o Deloitte Touche
82 Street Address (P.O. Box Number is Not Acceptable): 100 S E 2nd St #2500
83
84 City: Miami FL 85 Zip Code: 33125-2135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara C. Peterson — 2/24/95
Signature(s) and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARSH, PETE	1.2 NAME	Moody, Bill	
STREET ADDRESS	3550 WILKINSON ROAD	1.3 STREET ADDRESS	2806 Canal Drive	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	SLAVIS, PETER	2.2 NAME		
STREET ADDRESS	200 E BROWARD BLVD.	2.3 STREET ADDRESS	NONE	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	UHL, JACK	3.2 NAME	Barbara Peterson	
STREET ADDRESS	111 E MADISON ST	3.3 STREET ADDRESS	c/o Deloitte Touche 100 S.E. 2nd St,2500	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Miami, FL 33131-2135	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	NAJJAR, TOM	4.2 NAME	Bill Garrity	
STREET ADDRESS	1243 JENKS AVE.	4.3 STREET ADDRESS	6053 Lexington Park	
CITY-ST-ZIP	PANAMA CITY FL 32401	4.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITTEMORE, DONALD L.	5.2 NAME	SAME	
STREET ADDRESS	316 SOUTH BAYLEN	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara C Peterson — 2/24/95 — (904)878-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002066