

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90002 044 ****61.25

DOCUMENT # 705469

1. Entity Name

UNITED CEREBRAL PALSY OF FLORIDA, INC.

Principal Place of Business

1830 BUFORD COURT
TALLAHASSEE FL 32308
US

Mailing Address

1830 BUFORD COURT
TALLAHASSEE FL 32308-4456
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

59-0714817

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

WETHERINGTON, GLORIA
3320 NE 18TH TERRACE
OAKLAND PARK FL 33306

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)

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 **VD** ☒ Delete
NAME **WETHERINGTON, GLORIA**
STREET ADDRESS **3320 NE 18TH TERR**
CITY-ST-ZIP **OAKLAND PARK FL 33306**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **JACK SCHILLINGER**
STREET ADDRESS **1225 NE 93 ST**
CITY-ST-ZIP **MIAMI, FL 33318**

TITLE **SD** ☐ Delete
NAME **SCHILLINGER, MARJORIE**
STREET ADDRESS **1225 NE 93RD ST**
CITY-ST-ZIP **MIAMI FL 33318**

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

TITLE **PD** ☐ Delete
NAME **WETHERINGTON, GLORIA**
STREET ADDRESS **3320 NE 18TH TERRACE**
CITY-ST-ZIP **OAKLAND PARK FL 33306**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Gloria A. Wetherington **GLORIA A. WETHERINGTON** 2/6/00 954 563-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)