## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 705469

1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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

## UNITED CEREBRAL PALSY OF FLORIDA, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

WETHERINGTON, GLORIA

OAKLAND PARK FL 33306

SCHILLINGER,, MARJORIE

WETHERINGTON, GLORIA

OAKLAND PARK FL 33306

· "我是快乐"

3320 NE 18TH TERRACE

3320 NE-18TH TERR

1225 NE 93RD ST

MIAMI FL 33318

PD

Principal Place of Business	Mailing Address	
1830 BUFORD COURT TALLAHASSEE FL 32308 US	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	

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Country

Name

City

9. Election Campaign Financing

11.

TITLE

NAME

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NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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Trust Fund Contribution.

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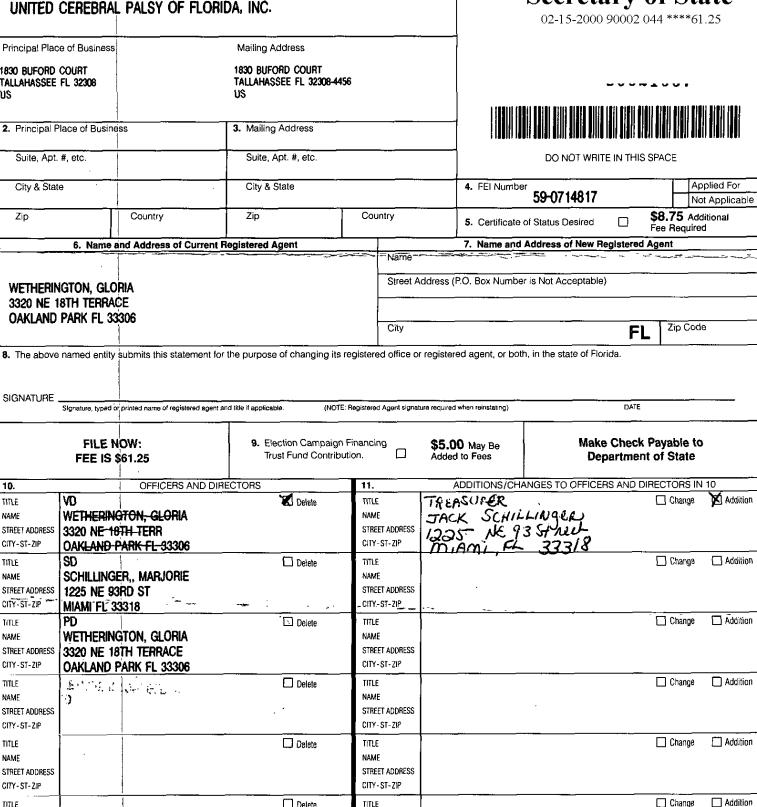
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## **FILED** Feb 15, 2000 8:00 am Secretary of State



CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 attach

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING