

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 707395**

1. Entity Name

UNITED WAY OF SOUTH SARASOTA COUNTY, INC.

Principal Place of Business

**7810 S. TAMiami TRAIL
SUITE A-4
VENICE FL 34293**

Mailing Address

**P.O. BOX 1542
VENICE FL 34284-1542**

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

59-1100846

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****HUSKEY, MARVIN T
220 W TAMPA AVE
VENICE FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

7810 S TAMiami TRAIL #A4

City

FL

Zip Code

34293

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 \$61.259. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BETTERTON, GREY	
STREET ADDRESS	981 RIDGEWOOD AVE STE 101	
CITY-ST-ZIP	VENICE FL 34292	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	MACKENZIE, MICHAEL	
STREET ADDRESS	1235 OXFORD DR S	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	CORNISH, DAVID	
STREET ADDRESS	355 W VENICE AVE	
CITY-ST-ZIP	VENICE FL 34285	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	KORZILUS, ERIK	
STREET ADDRESS	1011 PRINCESS LANE	
CITY-ST-ZIP	VENICE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'HARA, JEAN	
STREET ADDRESS	PO BOX 1719	
CITY-ST-ZIP	SARASOTA, FL 34230	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN T. HUSKEY	
STREET ADDRESS	7810 S TAMiami TRAIL #A4	
CITY-ST-ZIP	VENICE, FL 34293	

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:**MARVIN T. HUSKEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

941-408-0595

Date

Daytime Phone #

CR2E037 (9/01)