

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90179 017 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

**HUSKEY, MARVIN T
7810 S TAMiami TRAIL #A4
VENICE FL 34293**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MACKENZIE, MICHAEL**
STREET ADDRESS **1235 OXFORD DR S**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **PD** ☒ Change ☐ Addition
NAME **Cornish David**
STREET ADDRESS **356 W. Venice Ave**
CITY-ST-ZIP **Venice FL 34285**

TITLE **VD** ☐ Delete
NAME **CORNISH, DAVID**
STREET ADDRESS **355 W VENICE AVE**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **VD** ☐ Change ☒ Addition
NAME **JOAN MCGILL**
STREET ADDRESS **401 Commercial Ct. STE B**
CITY-ST-ZIP **Venice FL 34292**

TITLE **TD** ☐ Delete
NAME **KORZILUS, ERIK**
STREET ADDRESS **1011 PRINCESS LANE**
CITY-ST-ZIP **VENICE FL**

TITLE **TD** ☐ Change ☒ Addition
NAME **Alex Moseley**
STREET ADDRESS **264 S Tamiami Trl.**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **SD** ☐ Delete
NAME **O'HARA, JEAN**
STREET ADDRESS **P O BOX 1719**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE **SD** ☐ Change ☒ Addition
NAME **David Pierce**
STREET ADDRESS **333 So. Tamiami STE 225**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☐ Delete
NAME **HUSKEY, MARVIN T**
STREET ADDRESS **7810 S TAMiami TRAIL #A4**
CITY-ST-ZIP **VENICE FL 34293**

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

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]* **Signature Required**

2/26/03

94-408-0595

CR2E037 (10/02)