2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90044 036 ****61.25

DOCUMENT # 707578

1. Entity Name

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
930 SOUTH ORANGE AVE. ORLANDO FL 32806-8297	33 E ROBINSON ST #103 ORLANDO FLA 32806-6125 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3305 S. Orange Ave	3305 S. Orange Avenue
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country: US	Zip: 32806 Country: US

4. FEI Number: 59-0799925 ☐ 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
BROCKMAN, MAUREEN 1315 WATERWITCH COVE CIRCLE ORLANDO FL 32806	Name: Dan Hoag Street Address (P.O. Box Number is Not Acceptable): 8628 Vista Point Cove City: Orlando FL Zip Code: 32836

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: Dan Hoag Chairman
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WETTACH, JOHN J 215 N COLA DRIVE ORLANDO FL 32802	☐ Delete	SD Wettach, John 1306 Green Cove Road Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINNEGAN, RICHARD 6104 SUNNYVALE DRIVE ORLANDO FL 32822	☒ Delete	VD Allen, Bob 9222 Charles Limpus Road Orlando, FL 32836	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TARCZYNSKI, DAN 200 E ROBINSON ST SUITE 300 ORLANDO FL 32801	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLEMMING, TODD 1821 VERDE WAY ORLANDO FL	☐ Delete	VD Cook, Charles 3300 N Westmoreland Orlando, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BROCKMAN, MAUREEN 1315 WATERWITCH COVE ORLANDO FL 32806	☐ Delete	D Brockman, Maureen 1315 Waterwitch Cove Circle Orlando, FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOAG, DANIEL SENTINEL, 633 N. ORANGE AVE. ORLANDO FL	☐ Delete	CD Hoag, Daniel 8628 Vista Point Cove Orlando, FL 32836	☒ Change ☐ Addition

CRPE037 (9/99)

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: Dan Hoag Chairman Dan Hoag 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #