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

0004653

DOCUMENT # 707578

1. Entity Name

UNITED CEREBRAL PALSY OF CENTRAL FLORIDA, INC.

FILED

03 SEP 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3305 S ORANGE AVENUE ORLANDO FL 32806	3305 S ORANGE AVENUE ORLANDO FL 32806 US

☐ CHECK HERE IF MAKING CHANGES

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 59-0799925 ☐ 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
TARCZYNSKI, DAN 200 E. ROBINSON ST, STE 300 ORLANDO FL 32801	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
After September 10, 2003, min will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOWARD, KEN 7672 TELFORD CT. ORLANDO FL 32818	☑ Delete	SD Mike Meadors UPL Fox 35 35 Skyline Dr. Lake Mary, FL 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLEN, BOB 9222 CHARLES LIMPUS ROAD ORLANDO FL 32836	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COOK, CHARLES 3300 N WESTMORELAND ORLANDO FL 32804	☐ Delete	200022930802 09/10/03--01058--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TARCZYNSKI, DAN 200 E. ROBINSON ST. ORLANDO FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAXTON, BRAD 2516 SHEWSBURY ROAD ORLANDO FL	☐ Delete	P	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOAG, DANIEL 8628 VISTA POINT COVE ORLANDO FL	☑ Delete	Ilene Wilkins, President 3305 S. Orange Ave Orlando, FL 32806	☐ Change ☑ Addition

CR2E037 (4/03)

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: DOCUMENT RETURNED _____ DANIEL TARCZNSKI Sept. 9, 2003 (407) 872-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number