2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # 709443** 1. Entity Name UNITED WAY OF SANTA ROSA COUNTY, INC. 03-06-2000 90036 049 ****61.25 Principal Place of Business Mailing Address P.O. BOX 284 6860 CAROLINE STREET SUITE 4 MILTON FL 32572-0284 MILTON FL 32570 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6142612 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMPSON, GUY W MILTON FL 32570 City 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. 02-29-00 Guy Thompson SIGNATURE DATE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. \mathtt{PD} PD **☑** Delete TITLE Change ☐ Addition TITLE John Rogers NAME PARKER, SHIRLEY NAME 3015 Greystone Drive STREET ADDRESS 7508 JOHNSON RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Pace, Florida 32571</u> MILTON FL 32570 Z Delete 🖄 Change ☐ Addition SD TITLE TITLE Lynn Burden RUSSELL, KATHY NAME STREET ADDRESS 4609 Heatherwood Way STREET ADDRESS **102 ROYAL PINES** Pace, Florida 32571 CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 VΤD Change X Delete ☐ Addition VTD TITLE TITLE Charles Loyed NAME rether ford, karen P. O. Box 2518 STREET ADDRESS STREET ADDRESS 1505 VANITY FAIR RD. Pensacola, Florida 32513-2518 CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 Change ☐ Addition Delete TITLE TITLE ED NAME NAME THOMPSON, GUY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered.

<u>PFO</u>Guy⊰Thompson

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

02-29-00

Date

850-623-4507

Davtime Phone #