

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709443

1. Entity Name

UNITED WAY OF SANTA ROSA COUNTY, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90457 023 ****61.25

Principal Place of Business

Mailing Address

6860 CAROLINE STREET
 SUITE 4
 MILTON FL 32570

P.O. BOX 284
 MILTON FL 32572
 US

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

59-6142612

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

THOMPSON, GUY W
 6336 WISTERIA DR
 MILTON FL 32570

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.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/13/01

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 PD ☒ Delete
 NAME ROGERS, JOHN
 STREET ADDRESS 3015 GREYSTONE DR
 CITY-ST-ZIP PACE FL 32571

TITLE PD ☒ Change ☐ Addition
 NAME Charles Loyed
 STREET ADDRESS P.O. Box 2518
 CITY-ST-ZIP Pensacola, FL 32513

TITLE SD ☐ Delete
 NAME BURDEN, LYNN
 STREET ADDRESS 4609 HEATHERWOOD WAY
 CITY-ST-ZIP PACE FL 32571

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

TITLE ED ☐ Delete
 NAME THOMPSON, GUY
 STREET ADDRESS 6336 WISTERIA DR
 CITY-ST-ZIP MILTON FL

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

TITLE VTD ☒ Delete
 NAME LOYED, CHARLES
 STREET ADDRESS P O BOX 2518
 CITY-ST-ZIP PENSACOLA FL 32513-2518

TITLE VTD ☒ Change ☐ Addition
 NAME Joann McKeithen
 STREET ADDRESS P.O. Box 87
 CITY-ST-ZIP Cantonment, FL 32533

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/01

Date

Daytime Phone #

CR2E037 (10/00)