

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90120 035 \*\*\*\*61.25

**DOCUMENT # 709443**

1. Entity Name

**UNITED WAY OF SANTA ROSA COUNTY, INC.**

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]*

**Guy Thompson**

**3-6-02**

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 **PD** ☒ Delete  
 NAME ~~LOVED, CHARLES X~~  
 STREET ADDRESS **PO BOX 2518**  
 CITY-ST-ZIP **PENSACOLA FL 32513**

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

TITLE **SD** ☒ Delete  
 NAME ~~BURDEN, LYNN XX~~  
 STREET ADDRESS **4609 HEATHERWOOD WAY**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Carol Calfee**  
 STREET ADDRESS **6751 Berryhill Road**  
 CITY-ST-ZIP **Milton, FL 32570**

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 ~~MCKEITHEN, JOANN X~~  
 STREET ADDRESS **PO BOX 87**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VTD** ☒ Change ☐ Addition  
 NAME **Pete Gandy**  
 STREET ADDRESS **1450 Berryhill Road**  
 CITY-ST-ZIP **Milton, FL 32570**

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

**Guy Thompson**

**3-6-02**

Date

Daytime Phone #

CR2E037 (9/01)