

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90026 012 ****61.25

DOCUMENT # 730441

1. Entity Name

UNITED WAY OF ESCAMBIA COUNTY, INC.

Principal Place of Business

Mailing Address

1301 WEST GOVERNMENT STREET
 PENSACOLA FLORIDA 32501

1301 WEST GOVERNMENT STREET
 PENSACOLA FLORIDA 32501-5314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0651076

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENDRY, THOMAS E.
1301 WEST GOVERNMENT STREET
PENSACOLA FLORIDA FL 32501

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, 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 **VCD** Delete
 NAME **LANDRUM, BRITT**
 STREET ADDRESS **6723 PLANTATION RD**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **CD (CHAIRMAN)** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **NAYLOR, KEN**
 STREET ADDRESS **316 S BAYLEN ST**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **TD (TREASURER)** Change Addition
 NAME **JOHN HERR**
 STREET ADDRESS **1000 W MORENO ST**
 CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **S** Delete
 NAME **HENDRY, THOMAS E.**
 STREET ADDRESS **1301 W GOVERNMENT**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **ATWELL, CHARLES**
 STREET ADDRESS **1000 COLLEGE BLVD**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CED** Delete
 NAME **NORMAN, JEAN**
 STREET ADDRESS **418 W. GARDEN ST.**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD (VICE CHAIRMAN)** Change Addition
 NAME **CHARLES ALLCOTT**
 STREET ADDRESS **222 E INTENDENCIA ST**
 CITY-ST-ZIP **PENSACOLA, FL 32501**

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:

Britt Landrum Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 850 477-7022

CR2E037 (9/99)