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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90012 023 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737145**

1. Corporation Name

**UNITED WAY OF HILLSBOROUGH COUNTY, INC.**

Principal Place of Business

110 E. OAK ST.  
TAMPA FL 33602  
US

Mailing Address

P.O. BOX 172249  
TAMPA FL 33672-0249



2. Principal Place of Business

21 **1000 NORTH ASHLEY**

Suite, Apt. #, etc.

22 **800**

City & State

23 **TAMPA FL**

Zip Country

24 **33602** 25 **USA**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

29 **33602** 30 **USA**

3. Date Incorporated or Qualified

**10/26/1976**

4. FEI Number

**59-0799927**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SCHEELER, KIM**  
**110 E OAK STREET**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1000 NORTH ASHLEY**

83 **SUITE 800**

84 City **TAMPA**

**FL**

85 Zip Code **33602**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **KIM SCHEELER** **PRESIDENT** **1/25/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **MEURER, WILLIAM**

STREET ADDRESS **110 E. OAK ST.**

CITY-ST-ZIP **TAMPA FL 33602**

TITLE **SD** ☐ DELETE

NAME **SINK, ALEX**

STREET ADDRESS **110 E. OAK ST.**

CITY-ST-ZIP **TAMPA FL 33602**

TITLE **TD** ☒ DELETE

NAME **LARSON, JAN**

STREET ADDRESS **110 E. OAK ST.**

CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ DELETE

NAME **HELMAN, ERIC**

STREET ADDRESS **110 E. OAK ST.**

CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ DELETE

NAME **ADAMS, TIM**

STREET ADDRESS **110 E OAK STREET**

CITY-ST-ZIP **TAMPA FL 33602**

TITLE **P** ☐ DELETE

NAME **SCHEELER, KIM**

STREET ADDRESS **110 E OAK STREET**

CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition

1.2 NAME **MEURER, WILLIAM**

1.3 STREET ADDRESS **1000 N. ASHLEY, STE. 800**

1.4 CITY-ST-ZIP **TAMPA, FL 33602**

2.1 TITLE **SD** ☒ Change ☐ Addition

2.2 NAME **SINK, ALEX**

2.3 STREET ADDRESS **1000 N. ASHLEY, STE. 800**

2.4 CITY-ST-ZIP **TAMPA, FL 33602**

3.1 TITLE **TD** ☐ Change ☒ Addition

3.2 NAME **PACETTI, MIKE**

3.3 STREET ADDRESS **1000 N. ASHLEY, STE 800**

3.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **HELMAN, ERIC**

4.3 STREET ADDRESS **1000 N. ASHLEY, STE 800**

4.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **ADAMS, TIM**

5.3 STREET ADDRESS **1000 N. ASHLEY, STE 800**

5.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

6.1 TITLE **P** ☒ Change ☐ Addition

6.2 NAME **SCHEELER, KIM**

6.3 STREET ADDRESS **1000 N. ASHLEY, STE. 800**

6.4 CITY-ST-ZIP **TAMPA, FLORIDA 33602**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-222-4655**

CR2E037 (11/98)