

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737145

1. Entity Name

UNITED WAY OF HILLSBOROUGH COUNTY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90050 007 ****70.00

Principal Place of Business 1000 NORTH ASHLEY 800 TAMPA FL 33602 US	Mailing Address P.O. BOX 172249 TAMPA FL 33672-0249
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DO NOT WRITE IN THIS SPACE

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 59-0799927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent --

SCHEELER, KIM
1000 NORTH ASHLEY
SUITE 800
TAMPA FL 33602

7. Name and Address of New Registered Agent

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: **2/21/99**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE CD	NAME MEURER, WILLIAM	STREET ADDRESS 1000 N. ASHLEY, STE 800	CITY-ST-ZIP TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE SD	NAME SINK, ALEX	STREET ADDRESS 1000 N. ASHLEY, STE. 800	CITY-ST-ZIP TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE TD	NAME PACETTI, MIKE	STREET ADDRESS 1000 N. ASHLEY, ATE 800	CITY-ST-ZIP TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE D	NAME HELMAN, ERIC	STREET ADDRESS 1000 N. ASHLEY, STE 800	CITY-ST-ZIP TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE D	NAME ADAMS, TIM	STREET ADDRESS 1000 N. ASHLEY, STE. 800	CITY-ST-ZIP TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE P	NAME SCHEELER, KIM	STREET ADDRESS 1000 N. ASHLEY STE. 800	CITY-ST-ZIP TAMPA FL 33602	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD	NAME ANN M. O'CONNELL	STREET ADDRESS 1000 N. ASHLEY, STE. 800	CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	NAME O'CONNELL, ANN	STREET ADDRESS 1000 N. ASHLEY, STE. 800	CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME NANNEY, ROGER	STREET ADDRESS 1000 N. ASHLEY, STE 800	CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME ASHE, REID	STREET ADDRESS 1000 N. ASHLEY, STE 800	CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **2/21/99** DAYTIME PHONE #: **813-274-0905**

CR2E037 (9/99)