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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 740625

1. Corporation Name

UNITED CEREBRAL PALSY OF SARASOTA-MANATEE, INC.

Principal Place of Business
 10910 SOUTH TAMiami TRAIL
 SARASOTA FL 34236
 US

Mailing Address
 C/O LES LEECH, JR.
 9040 SUNSET DRIVE
 MIAMI FL 33173-3454
 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/26/1977
22	City & State	City & State	4. FEI Number
	Zip	Zip	59-1796622
23	Country	Country	Applied For
			Not Applicable
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEECH, LESLIE W JR 9040 SUNSET DR. SUITE 70A MIAMI FL		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, JIMMY	12 NAME	
STREET ADDRESS	601 SOUTH OSPREY AVE	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINGER, STEVEN M	2.2 NAME	
STREET ADDRESS	2650 SW 27TH AVENUE, 2ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, BARNETT	3.2 NAME	
STREET ADDRESS	7761 SW 176TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEECH, LES JR	4.2 NAME	
STREET ADDRESS	9040 SUNSET DR. SUITE 70-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, JAMES G	5.2 NAME	
STREET ADDRESS	9040 SUNSET DR. SUITE 70-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ **Leslie W. Leech, Jr.** 1/22/99 305-596-9040
 Date Daytime Phone #

CR2E037 (1/98)