

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90005 001 *1,050.00

DOCUMENT # 740625

1. Entity Name

UNITED CEREBRAL PALSY OF SARASOTA-MANATEE, INC.

Principal Place of Business

Mailing Address

10910 SOUTH TAMiami TRAIL
 SARASOTA FL 34236
 US

C/O LES LEECH, JR.
 9040 SUNSET DRIVE
 MIAMI FL 33173-3432
 US

9088



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1796622

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

LEECH, LESLIE W JR
 9040 SUNSET DR.
 SUITE 70A
 MIAMI FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	DEAN, JIMMY	601 SOUTH OSPREY AVE	SARASOTA FL 34236					<input type="checkbox"/>	<input type="checkbox"/>
D	WEINGER, STEVEN M	2650 SW 27TH AVENUE, 2ND FL	MIAMI FL 33133					<input type="checkbox"/>	<input type="checkbox"/>
D	GREENBERG, BARNETT	7761 SW 176TH STREET	MIAMI FL 33157					<input type="checkbox"/>	<input type="checkbox"/>
P	LEECH, LES JR	9040 SUNSET DR. SUITE 70-A	MIAMI FL 33173					<input type="checkbox"/>	<input type="checkbox"/>
S	WEEKS, JAMES G	9040 SUNSET DR. SUITE 70-A	MIAMI FL 33173					<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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:

Leslie W. Leech, Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-6-00 Daytime Phone #: 305-594-9040

CR2E037 (9/99)