

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90320 007 ****70.00

DOCUMENT # 759423

1. Entity Name

UNITED CEREBRAL PALSY OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O FRED E NULL
 621 N KRAFT AVE
 PANAMA CITY, FL 32401-2286

C/O FRED E NULL
 621 N KRAFT AVE
 PANAMA CITY FL 32401-5286

2. Principal Place of Business

C/O Fred E Null

3. Mailing Address

C/O Fred E Null

Suite, Apt. #, etc.

621 N Kraft Ave

Suite, Apt. #, etc.

621 N Kraft Ave

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401-2286

Country

USA

Zip

32401-2286

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0855413

Applied For

Not Applicable

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

NULL, FRED E.
 621 N. KRAFT AVENUE
 PANAMA CITY FL 32401

Name
 Null, Fred E

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

621 N Kraft Avenue

City
 Panama City

FL

Zip Code

32401

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

[Handwritten Signature]

Fred Null, Executive Director

5-01-00

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: VD Delete
 NAME: DUNAWAY, JOHN
 STREET ADDRESS: P.O. BOX 18225
 CITY-ST-ZIP: PANAMA CITY BEACH FL 32417

TITLE: 2nd Vice President Change Addition
 NAME: Windham, Randy
 STREET ADDRESS: 415 E 2nd Street
 CITY-ST-ZIP: Panama City, FL 32401

TITLE: TD - change to Past President Delete
 NAME: MOODY, WILLIAM
 STREET ADDRESS: 2806 CANAL DRIVE
 CITY-ST-ZIP: PANAMA CITY FL

TITLE: Treasurer Change Addition
 NAME: Christian, Ken
 STREET ADDRESS: P.O. Box 16359
 CITY-ST-ZIP: Panama City, FL 32406

TITLE: SD Delete
 NAME: HILL, DUB
 STREET ADDRESS: P.O. BOX 435
 CITY-ST-ZIP: LYNN HAVEN FL 32444

TITLE: 3rd Vice President Change Addition
 NAME: Quirk, Pat
 STREET ADDRESS: Caller Box 2288
 CITY-ST-ZIP: Panama City, FL 32402

TITLE: PD Delete
 NAME: SOWELL, DAN
 STREET ADDRESS: 1680 W 24TH STREET
 CITY-ST-ZIP: PANAMA CITY FL

TITLE: Past President Change Addition
 NAME: Moody, William
 STREET ADDRESS: 2806 Canal Drive
 CITY-ST-ZIP: Panama City, FL 32405

TITLE: P Delete
 NAME: SOWELL, DAN
 STREET ADDRESS: 1680 W 24TH STREET
 CITY-ST-ZIP: PANAMA CITY FL 32405

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00
 Date

850-784-4095
 Daytime Phone #

CR2E037 (9/99)