

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90003 044 ****70.00

0015719

DOCUMENT # 759423

1. Entity Name

UNITED CEREBRAL PALSY OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

~~G/O FRED E NULL~~ *c/o Stephanie Cortes*
~~621 N KRAFT AVE~~
 PANAMA CITY FL 32401-2286

~~G/O FRED E NULL~~
~~621 N KRAFT AVE~~
 PANAMA CITY FL 32401-2236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1241 B N. East Avenue

Suite, Apt. #, etc.

3. Mailing Address

1241 B N. East Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-0855413

Applied For

Not Applicable

Zip **32401**

Country **USA**

Zip **32401**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Stephanie Cortes**

Street Address (P.O. Box Number is Not Acceptable)
1241 B N. East 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 *Stephanie Cortes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/01

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 **V/D** Change Addition
 NAME **WINDHAM, Randy**
 STREET ADDRESS **415 E. 2nd Street**
 CITY-ST-ZIP **Panama City, FL 32401**

TITLE **TD** Delete
 NAME **MOODY, WILLIAM**
 STREET ADDRESS **2806 CANAL DRIVE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **V/D** Change Addition
 NAME **PAT QUIRK**
 STREET ADDRESS **CALLER BOX 2288**
 CITY-ST-ZIP **PANAMA CITY, FL 32402**

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

TITLE **T/D** Change Addition
 NAME **CHRISTIAN, KENNETH**
 STREET ADDRESS **P.O. BOX 16359**
 CITY-ST-ZIP **PANAMA CITY, FL 32406**

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

TITLE Change Addition
 NAME **SOWELL, DAN**
 STREET ADDRESS **2323 MOUND AVE**
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Stephanie Cortes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-30-01

DeVine Phone #

784-4095

CR2E037 (10/00)