

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 759939

FILED  
Oct 26, 2009  
Secretary of State

**Entity Name:** UNITED CEREBRAL PALSY OF CENTRAL FLORIDA MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

3305 S ORANGE AVE  
ORLANDO, FL 328061297 US

**New Principal Place of Business:**

**Current Mailing Address:**

3305 S ORANGE AVE  
ORLANDO, FL 328061297 US

**New Mailing Address:**

**FEI Number:** 59-2201381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GABRIELSON, W. SCOTT  
519 PALMER ST.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: SCOTT W. GABRIELSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TSD ( ) Delete  
Name: BAILES, CHAS  
Address: ABC FINE WINE + SPIRITS, P.O. BOX 593688  
City-St-Zip: ORLANDO, FL 32859

Title: VD ( ) Delete  
Name: BAILES, JACQUELIN H.  
Address: 6212 DARTMOOR CT  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: BROCKMAN MAUREEN,  
Address: 1315 WATERWITCH COVE CIRCLE  
City-St-Zip: ORLANDO, FL 32806

Title: PD ( ) Delete  
Name: GABRIELSON, W. SCOTT  
Address: 519 PALMER DR.  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: ASHER, DON  
Address: 2221 SANTA ANTILLES RD.  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: TAREZYNSKI, DAN  
Address: 200 E ROBINSON ST STE 300  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT W GABRIELSON

PD

10/26/2009

Electronic Signature of Signing Officer or Director

Date