

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90110 001 \*\*\*140.00

**DOCUMENT # 764448**

1. Entity Name

**UNITED CEREBRAL PALSY PROPERTIES OF NORTHWEST FL**

Principal Place of Business

2912 NORTH "E" ST.  
 PENSACOLA FL 32501

Mailing Address

3636 NORTH "L" STREET  
 SUITE A-3  
 PENSACOLA FL 32505  
 US

2. Principal Place of Business

3. Mailing Address

2912 North "E" Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Pensacola, FL

4. FEI Number

59-0737912

Applied For

Not Applicable

Zip

Country

Zip  
 32501-1324

Country  
 Escambia

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

WHITE, SHERRY A.  
 3636 NORTH "L" STREET  
 SUITE A-3  
 PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)  
 2912 North "E" Street

City  
 Pensacola

FL

Zip Code  
 32501-1324

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	CD BROWN, DESMOND 5147 NORTH 9TH AVENUE SUITE 405 PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLMES, JR G 9743 CREEK BRIDGE CIR PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOFTIN, JOE M. 2447 EXEC PLAZA DRIVE PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREDERICKSON, ROSEMARY 800 N 12TH AVE PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RITCHIE, BUZZ 316 S HAYLEN ST PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLLETER, DEBRA 400 GULF BREEZE PKWY STE 301A GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Doman, JoAnn Pace 1213 Willowood Lane Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mallini, G.A. "Tony" 724 NE Karen Ave Fort Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 and an address, with all other like empowered.

Buzz Ritchie, Chairman of the Board

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/01 (850) 444-7210

CR2E037 (10/00)