

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am,**  
**Secretary of State**

05-29-2001 90005 048 \*\*\*\*61.25

**DOCUMENT # F97000003840**

1. Entity Name

**UNITED CEREBRAL PALSY ASSOCIATIONS, INC.**

Principal Place of Business

1660 L STREET, NW, STE. 700  
 WASHINGTON DC 20036

Mailing Address

1660 L STREET, NW, STE 700  
 WASHINGTON DC 20036

U U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**13-1641079**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	GOLDENSON, LEONARD H	
STREET ADDRESS	1660 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> Delete
NAME	EATON, NINA	
STREET ADDRESS	1660 L STREET NW STE 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	C	<input type="checkbox"/> Delete
NAME	STEARNS, JAMES C	
STREET ADDRESS	1660 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOSES, CHARLES H ESQ	
STREET ADDRESS	1660 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOLAN, E H	
STREET ADDRESS	1660 L ST NW STE 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WYETH, DUNCAN O	
STREET ADDRESS	1660 L STREET, NW, STE. 700	
CITY-ST-ZIP	WASHINGTON DC 20036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

*Signature of Leonard H. Goldenston*

5/10/01

CR2E037 (10/00)

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# UCPA BOARD OF DIRECTORS

Revised February 8, 2001

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