F97000003840

•	
(Requestor's Name)	
. (Address)	······································
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	us
Special Instructions to Filing Officer:	
	į.

Office Use Only



500132000145

07/03/08--01027--002 **35.00

08 JUL -3 PH 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIO

Withdr.

C. Constitutes JUL 0 7 2008

COPILEVITZ & CANTER, LLC

310 W. 20TH STREET SUITE 300 KANSAS CITY, MISSOURI 64108 (816) 472-9000 • FAX (816) 472-5000

June 30, 2008

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: United Cerebral Palsy Associations, Inc.

Dear Sir/Madam:

Enclosed please find the Application for Withdrawal of Certificate of Authority, for the above referenced organization. I have also included the \$35 filing fee.

I hope this information is sufficient to withdraw this organization's Certificate of Authority. Thank you for your assistance with this matter. Please feel free to contact me should you have any questions regarding this matter.

Very truly yours,

Paralegal For the Firm

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: United Cerebral Palsy Associations, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F97000003840
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Heather Thomas
(Name of Person)
Copilevitz & Canter, LLC
(Firm/Company)
310 W. 20th Street, Suite 300
(Address)
Kansas City, MO 64108
(City/State and Zip code)
For further information concerning this matter, please call:
Heather Thomas at (816) 472-9000
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

' APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

United Cerebral Palsy Associations, Inc.

F9700003840	SECRI ALLA	80 ال	
(Document Number of Corporation (if known)	ETARÝ HASSE	- 3	Learners B B
New York	E.F.	PH	
(Incorporated Under Laws of)	STATE	12	
This corporation is no longer transacting business or conducting affairs within the State of voluntarily surrenders its authority to transact business or conduct affairs in Florida.	î Florida	and	hereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of action time it was authorized to transact business or conduct affairs in Florida.			
The following is a current mailing address for the corporation:			
1660 L Street, NW, Suite 700			
(Mailing Address)			
Washington, DC 20036			
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the future of any change in its m	nailing a	ddres	S. .
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	2008		
Stephen Bennett (Typed or printed name of person signing) President (Title of person	n signing)		

FILING FEE \$35