

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90100 048 \*\*\*\*70.00

**DOCUMENT # N01000005361**

1. Entity Name

**UNITED CEREBRAL PALSY OF NORTHWEST FLORIDA FOUNDATION, INC.**

Principal Place of Business

**2912 NORTH E ST  
PENSACOLA FL 32501**

Mailing Address

**2912 NORTH E ST  
PENSACOLA FL 32501**

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

**59-3749163**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HUSTON, GARY W  
125 W ROMANA ST STE 800  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name  
**WHITE, DR. SHERRY A.**

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

**DR. SHERRY A. WHITE, PRESIDENT/CEO**

**4-22-02**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C/D  
RITCHIE, BUZZ  
316 S. BAYLEN ST  
PENSACOLA, FL 32501**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
BOLLETER, DEBRA L.  
400 GULF BREEZE PKWY, SUITE 300  
GULF BREEZE, FL 32561**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D -  
DELOACH, WILLIAM S.  
13 WEST GARDEN ST  
PENSACOLA, FL 32501**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/D  
HOVANESIAN, JR., ARCHIBALD  
16 PORT ROYAL WAY  
PENSACOLA, FL 32501**

TITLE ☐ Change ☐ Addition  
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:

**BUZZ RITCHIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(850) 444-7210**

Date

Daytime Phone #

CR2E037 (9/01)