

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0040476

02-05-2002 90091 050 \*\*\*\*70.00

**DOCUMENT # N03849**

1. Entity Name

**UNITED CEREBRAL PALSY OF TAMPA BAY, INC.**

Principal Place of Business

Mailing Address

UNITED CEREBRAL PALSY  
 2215 E HENRY AVENUE  
 TAMPA FL 33610  
 US

2215 E HENRY  
 TAMPA FL 33610  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0714818**

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

7. Name and Address of New Registered Agent

**RYALS, KAREN E**  
**2215 E HENRY AVENUE**  
**TAMPA FL 33610**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RISMILLER, KATHY	
STREET ADDRESS	2400 118TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, JOHN	
STREET ADDRESS	P.O. BOX 14407	
CITY-ST-ZIP	ST PETERSBURG FL 33733-4407	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KANE, CINDY	
STREET ADDRESS	8800 GRAND OAK CIRCLE SUITE 600	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, SHEILA	
STREET ADDRESS	2601 HERON LANE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARLEY, SYLVIA	
STREET ADDRESS	39 COLUMBIA DRIVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rismiller, Kathy	
STREET ADDRESS	2400 118th Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Sheila	
STREET ADDRESS	2601 Heron Lane North	
CITY-ST-ZIP	Clearwater, FL- 33762	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brill, Lee	
STREET ADDRESS	401 E. Jackson Street, Suite 2900	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Day, Phillip	
STREET ADDRESS	101 E. Kennedy Blvd., Suite 2700	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loudermilk, Thomas	
STREET ADDRESS	One N. Dale Mabry Hwy., Suite 1100	
CITY-ST-ZIP	Tampa, FL 33609	
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: *[Signature]* **SIGNATURE REQUIRED**

1/12/2002 813-273-8265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)