

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90687 044 \*\*\*\*70.00

**DOCUMENT # N44272**

1. Entity Name

**UNITED COMMUNITY CENTERS, INC.**



Principal Place of Business

Mailing Address

**201 13TH AVE WEST  
BRADENTON FL 34205**

**P O BOX 1683  
BRADENTON FL 34205**

**55006280**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0282384**

Applied For

Not Applicable

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

**GORDON, JAMES O SR  
1203 71ST STREET, EAST  
RUBONIA FL 34221**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D SMITH, ALBERTA**  
STREET ADDRESS **925 21ST CT EAST**  
CITY-ST-ZIP **BRADENTON FL 34206**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D HAYES, RUTHA**  
STREET ADDRESS **1512 71 ST E**  
CITY-ST-ZIP **RUBONIA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T HELMER, GEORGE**  
STREET ADDRESS **PO BOX 96**  
CITY-ST-ZIP **PALMETTO FL 34220**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **CS STUBBS, SUSAN**  
STREET ADDRESS **916 8TH STREET EAST**  
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T BURGER, BILL**  
STREET ADDRESS **P.O. BOX 201**  
CITY-ST-ZIP **TERRA CEIA FL 34250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D BACON, ELOUISE**  
STREET ADDRESS **1109 8TH STREET WEST**  
CITY-ST-ZIP **BRADENTON FL 34205**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

*Py* 2/7/03 941-746-7420