2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE:

Feb 27, 2000 8:00 am Secretary of State DOCUMENT # **N94000001513** 1. Entity Name UNITED CEREBRAL PALSY OF TALLAHASSEE, INC. 02-27-2000 90005 001 *1,050.00 Principal Place of Business Mailing Address 1830 BUFORD COURT C/O LES LEECH, JR 9040 SUNSET DR., STE. 70-A 0090 TALLAHASSEE FL 32308 MIAMI FL 33173-3432 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0493697 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEECH, LESLIE W JR 9040 SUNSET DR SUITE 70-A Zip Code **MIAMI FL 33173** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WETHERINGTON, GLORIA STREET ADDRESS STREET ADDRESS 3320 NE 18TH TER CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33306-1008 ☐ Addition TITI F ☐ Delete TITLE ☐ Change GREENBERG, BARNETT A. NAME NAME STREET ADDRESS STREET ADDRESS 7761 SW 176TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITI F ☐ Change Addition D SPELIOS, GEORGE L NAME STREET ADDRESS STREET ADDRESS 10729 SW 117TH CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Delete TITLE ☐ Change ☐ Addition TITLE TUCKER, GERALDINE NAME NAME STREET ADDRESS STREET ADDRESS 8100 SW 133RD CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 Change Addition ☐ Delete TITLE TITLE NAME WEINGER, STEVEN M NAME STREET ADDRESS STREET ADDRESS 2650 SW 27 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Addition TITLE ☐ Delete TITLE Change LEECH, LESLIE W JR NAME NAME STREET ADDRESS STREET ADDRESS 9040 SUNSET DR., STE. 70-A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 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

OR DIRECTOR

Leslie W. Leach, Jr 1-5-00 305-596-9040

FILED