FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 09, 2001 8:00 am Secretary of State DOCUMENT # N9400001513 1. Entity Name UNITED CEREBRAL PALSY OF TALLAHASSEE, INC. 02-09-2001 90199 001 \*1.050.00 Principal Place of Business Mailing Address 1830 BUFORD COURT C/O LES LEECH. JR *4* 0 0 0 0 TALLAHASSEE FL 32308 9040 SUNSET DR., STE, 70-A MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0493697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEECH, LESLIE W JR 9040 SUNSET DR SUITE 70-A City Zip Code MIAMI FL 33173 FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE ☐ Delete TITLE ☐ Addition NAME WETHERINGTON, GLORIA NAME STREET ADDRESS 3320 NE 18TH TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33306-1008 ☐ Delete ☐ Addition TITLE TITLE Change GREENBERG, BARNETT A. NAME NAME STREET ADDRESS 7761 SW 176TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Delete TITLE מ TITLE M Change ☐ Addition GEORGE L. Spelios SPELIOS, GEORGE L NAME NAME 16920 SW 192 Street STREET ADDRESS STREET ADDRESS 10729 SW 117TH CT **9**33187 CITY-ST-ZIP CITY-ST-ZIP Miami FL MIAMI FL 33186 ☐ Addition TITLE ☐ Delete TITLE Change TUCKER, GERALDINE NAME NAME STREET ADDRESS 8100 SW 133RD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33183** TITLE ☐ Delete TITLE Change Addition WEINGER, STEVEN M NAME MARKE STREET ADDRESS STREET ADDRESS 2650 SW 27 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** TITLE ☐ Delete TITLE Change ☐ Addition NAME LEECH, LESLIE W JR NAME STREET ADDRESS 9040 SUNSET DR., STE. 70-A STREET ADDRESS 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 changed, or on an attachment with an address, with all their like empowered.

Ceslie W. Leech, Jr., President & CEO 1/9/01 (305)-596-9040

SIGNATURE:

Date Daytime Phone #