

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90028 033 ****61.25

DOCUMENT # N96000002729

1. Entity Name

VOLUNTEER FLORIDA!, INC.

Principal Place of Business

**115 PROGRESS DR.
TALLAHASSEE FL 32304**

Mailing Address

**115 PROGRESS DR.
TALLAHASSEE FL 32304**

925668



DO NOT WRITE IN THIS SPACE

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

31-1467424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANGUILIANO, FREDERICK
115 PROGRESS DR
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	BRENNER, MELANIE	
STREET ADDRESS	200 2ND ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	GERWENS, JOSEPH C	
STREET ADDRESS	2801 WEST BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERVOLINA, TIM	
STREET ADDRESS	P O BOX 1357	
CITY-ST-ZIP	HIGHLAND CITY FL 33846	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHIMBERG, JIM JR	
STREET ADDRESS	P.O. BOX 1288 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINE, PAT	
STREET ADDRESS	58 SAMANA DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, BARNEY T III	
STREET ADDRESS	501 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE YOUNG	
STREET ADDRESS	2500 East Las Olas Blvd. Apt 309	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVESTER TUBBS	
STREET ADDRESS	UCF Research Park Pavilion	
CITY-ST-ZIP	12424 Research Parkway, Suite 100	
	Orlando FL 32816	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED SANCHEZ	
STREET ADDRESS	1050 Caribbean Way	
CITY-ST-ZIP	Miami, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Fred Sanguiliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date

(850)414-0808

Daytime Phone #

CR2E037 (10/00)