

# 2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002729

Entity Name

VOLUNTEER FLORIDA, INC.

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90184 001 \*\*\*\*61.25

Principal Place of Business 5 PROGRESS DR. TALLAHASSEE FL 32304	Mailing Address 115 PROGRESS DR. TALLAHASSEE FL 32304
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00030426



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-1467424	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
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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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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D. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
FILE NAME DC BRENNER, MELANIE STREET ADDRESS 200 2ND ST. CITY-ST-ZIP WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME ALFRED SANCHEZ STREET ADDRESS 1050 CARIBBEAN WAY CITY-ST-ZIP MIAMI, FL. 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FILE NAME D YOUNG, GEORGE STREET ADDRESS 2500 E LAS OLAS BLVD APT 309 CITY-ST-ZIP FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR WEINRICH, CARL STREET ADDRESS SARASOTA FAMILY YMCA, INC. CITY-ST-ZIP ONE S. SCHOOL ME. SARASOTA, FL. 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FILE NAME D EROVOLINA, TIM STREET ADDRESS P O BOX 1357 CITY-ST-ZIP HIGHLAND CITY FL 33846	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR SANTUAN, MARIA STREET ADDRESS AXA ADVISORS CITY-ST-ZIP SUITE 1200 ONE FINANCIAL PLAZA FORT LAUDERDALE, FL. 33394	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FILE NAME DS SHIMBERG, JIM JR STREET ADDRESS P.O. BOX 1288 N/A CITY-ST-ZIP TAMPA FL 33601	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR MORRIS, PATRICK G. STREET ADDRESS HIP HEALTH PLAN OF FLORIDA CITY-ST-ZIP 999 PONCE DE LEON BLVD. SUITE 510 CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FILE NAME D TUBBS, LEVESTER STREET ADDRESS 12424 RESEARCH PKWY SUITE 100 CITY-ST-ZIP ORLANDO FL 32416	<input type="checkbox"/> Delete	TITLE NAME CHAIR BISHOP, BARNEY T. III STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME D BISHOP, BARNEY T III STREET ADDRESS 501 E TENNESSEE ST CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Delete		

2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02

Date

Daytime Phone #

CR2E037 (9/01)