

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740625

**Entity Name:** UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**9040 SUNSET DRIVE  
MIAMI, FL 33173**Current Mailing Address:**9040 SUNSET DRIVE  
MIAMI, FL 33173 US**FEI Number:** 59-1796622**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEECH, LESLIE WJR  
9040 SUNSET DRIVE  
SUITE A  
MIAMI, FL 33173 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	MCMACKIN, F J III
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173

Title	D
Name	WEINGER, STEVEN M
Address	2650 SW 27TH AVENUE, 2ND FL
City-State-Zip:	MIAMI FL 33133

Title	D
Name	GREENBERG, BARNETT
Address	9040 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173

Title	P
Name	LEECH, LES JR
Address	9040 SUNSET DR. SUITE A
City-State-Zip:	MIAMI FL 33173

Title	ST
Name	WEEKS, JAMES G
Address	9040 SUNSET DR. SUITE A
City-State-Zip:	MIAMI FL 33173

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESLIE W. LEECH, JR.**PRESIDENT****02/12/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date