

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90047 014 \*\*\*\*61.25

**DOCUMENT # 705017**

1. Entity Name  
**UNITY OF THE PALM BEACHES, INC.**

Principal Place of Business  
**1957 SOUTH FLAGLER DRIVE  
 WEST PALM BEACH FL 33401**

Mailing Address  
**1957 SOUTH FLAGLER DRIVE  
 WEST PALM BEACH FL 33401-7715**

2. Principal Place of Business  
**1957 S. Flagler Dr.**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State

4. FEI Number  
**59-0914216**

Applied For  
 Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, DIANE  
 1957 S FLAGLER STREET  
 WEST PALM BEACH FL 3401**

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 Diane Robinson Diane Robinson 1/3/00

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<b>LUPE JULIUS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLLAND, ED</b>	NAME	<b>101 N. SEQUOIA DR.</b>
STREET ADDRESS	<b>100-7 SPARROW DR.</b>	STREET ADDRESS	<b>WEST PALM BEACH, FL 33409</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<b>CRAIG KELLER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALBEE, DAVID</b>	NAME	<b>34 DORCHESTER CIRCLE</b>
STREET ADDRESS	<b>6130 SHERWOOD GLEN WAY #7</b>	STREET ADDRESS	<b>PALM BEACH GARDENS, FL 33418</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>LAMBERT, BONNIE</b>	NAME	
STREET ADDRESS	<b>217 LAKE ARBOR DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>LIEBLA, STAN</b>	NAME	
STREET ADDRESS	<b>3186 MIDDEN RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>ROBINSON, DIANE</b>	NAME	
STREET ADDRESS	<b>741 W PLAND RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>MELODY SQUIRES</b>	NAME	
STREET ADDRESS	<b>308 STILLWATER DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>	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: Diane Robinson 1/3/00 561 833-6483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #