

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90056 015 ****61.25

0031880

DOCUMENT # 705017

1. Entity Name

UNITY OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

1957 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

1957 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0914216

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, ED	
STREET ADDRESS	100-7 SPARROW DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALBEE, DAVID	
STREET ADDRESS	2025 NORMANDY-CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARKHAM, JACKIE	
STREET ADDRESS	573 SPRINGDALE CIRCLE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBLA, STAN	
STREET ADDRESS	3186 MEDDEN RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, DIANE	
STREET ADDRESS	741 UPLAND RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSS, THOMAS	
STREET ADDRESS	1208 N MARINE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bill Elias</i>	
STREET ADDRESS	<i>426 Sess 20th Ave</i>	
CITY-ST-ZIP	<i>Palm Beach, FL 33480</i>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Stan Liebla</i>	
STREET ADDRESS	<i>3186 Medden Rd</i>	
CITY-ST-ZIP	<i>WPB, FL 33406</i>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Markham, Jackie</i>	
STREET ADDRESS	<i>573 Springdale Circle</i>	
CITY-ST-ZIP	<i>Palm Springs, FL 33461</i>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tony Leggett</i>	
STREET ADDRESS	<i>400 N. Flagler Dr</i>	
CITY-ST-ZIP	<i>WPB, FL 33401</i>	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Garrott, Sara</i>	
STREET ADDRESS	<i>1302 N. W. 5th St</i>	
CITY-ST-ZIP	<i>Lake Worth FL 33408</i>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ross, Thomas</i>	
STREET ADDRESS	<i>1208 N Marine Way</i>	
CITY-ST-ZIP	<i>NPB, FL 33408</i>	

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Robinson President

Date

3/27/02

Daytime Phone #

561 8354966

CR2E037 (9/01)