

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

0035138

03-10-2003 90143 021 ****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**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diane Robinson

(NOTE: Registered Agent signature required when reinstating)

2/16/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELUNA, BILL	
STREET ADDRESS	426 ??	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LIEBLA, STAN	
STREET ADDRESS	3186 NADDEN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKHAM, JACKIE	
STREET ADDRESS	573 SPRINGDALE CIRCLE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGGETT, TONY	
STREET ADDRESS	400 N FLYER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SASA, GARRETT	
STREET ADDRESS	1302 NORTEL ST	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSS, THOMAS	
STREET ADDRESS	1208 N MARINE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elias Bill	
STREET ADDRESS	426 Seaspray Ave	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Stone	
STREET ADDRESS	101 Gwynon Dr	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard April	
STREET ADDRESS	7730 Sextant Cr.	
CITY-ST-ZIP	Bayton Beach, FL 33436	
TITLE	Lynn Van Dyke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Van Dyke	
STREET ADDRESS	1507 Dale Lane	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Squires Melody	
STREET ADDRESS	308 Stillwater Dr	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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