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May 21, 1999 8:00 am
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05-21-1999 90008 033 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01515

1. Corporation Name

UNITY-CLEARWATER, INC.

Principal Place of Business

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER FL 34624

Mailing Address

% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER FL 34624



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33764 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33764 29 Country

3. Date Incorporated or Qualified

02/17/1984

4. FEI Number

59-1058242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

33764

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PRITTS, DICK
STREET ADDRESS 1111 BAYSHORE BLVD #B-4
CITY-ST-ZIP CLEARWATER F

☒ DELETE

TITLE DT
NAME MURREN, THOMAS
STREET ADDRESS 2042 SAN MARINO WAY S.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE DV
NAME MALEY, RICHARD
STREET ADDRESS 6 PINE VISTA DR
CITY-ST-ZIP LARGO FL

☒ DELETE

TITLE DS
NAME SPICER, JANE
STREET ADDRESS 1465 SATSUMA
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME PILLSBURY, NORMAN
STREET ADDRESS 1940 HARDING ST
CITY-ST-ZIP CLEARWATER FL 33765

☐ DELETE

TITLE D
NAME HAYNES, ALAN
STREET ADDRESS 1355 BARRY ST
CITY-ST-ZIP CLEARWATER FL 33760

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Susan Matzkin
1.3 STREET ADDRESS 600 Keene Rd. S.
1.4 CITY-ST-ZIP Clearwater, FL 33756

☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Nancy Di Bella
2.3 STREET ADDRESS 13300 Walsingham Rd. #81
2.4 CITY-ST-ZIP Largo, FL 33774

☐ Change ☒ Addition

3.1 TITLE DP
3.2 NAME Jane Spicer
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE DV
4.2 NAME Thomas Murren
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE DT
5.2 NAME Norman Pillsbury
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE DS
6.2 NAME Alan Haynes
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/99

(727) 442-6636

Date

Daytime Phone #

CR2E037 (11/98)