

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90064 047 ****61.25

DOCUMENT # N94000003653

1. Entity Name
UNITY COMMUNITY, INC.

Principal Place of Business 1315 BAYSHORE BLVD DUNEDIN FL 34698	Mailing Address 1315 BAYSHORE BLVD DUNEDIN FL 34698-4200
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3216291	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAYBURN, LAURA J 1968 BAYSHORE BLVD DUNEDIN FL 34698		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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUEBNER, FREDERICK H		NAME	Lynotte Cruickshank	
STREET ADDRESS	1 BOOTH BLVD		STREET ADDRESS	2650 Countryside Bvd.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYCAN, NANCY B		NAME	Laura Ronan	
STREET ADDRESS	13 BIRDIE CIR		STREET ADDRESS	7100 Ulmerton Rd., #1019	
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP	Largo, FL 33771	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JACKIE		NAME	Marta Ellis	
STREET ADDRESS	318 S GLENWOOD AVE		STREET ADDRESS	608 Dogwood Ct.	
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRAM, BETTY		NAME		
STREET ADDRESS	10661 MILLRIVER DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, BETTE J		NAME		
STREET ADDRESS	12645 97TH STREET N.		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHERLEY, HARRIETT		NAME		
STREET ADDRESS	1216 SUNSET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		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 an other like empowered.

SIGNATURE: Bette J. Petersen **REQUIRED** 2/5/00 727-546-0750

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

CR2E037 (9/99)