

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

FILED
Aug 22, 2003 8:00 am
Secretary of State

0016237

08-22-2003 90106 032 ****61.25

DOCUMENT # N94000003653

1. Entity Name
UNITY COMMUNITY, INC.



Principal Place of Business Mailing Address
1315 BAYSHORE BLVD **1315 BAYSHORE BLVD**
DUNEDIN FL 34698 **DUNEDIN FL 34698**

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3216291** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUEBNER, ELSIE
1 BOOTH BLVD
SAFETY HARBOR FL 34695

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUICKSHANK, LYNOTTE	
STREET ADDRESS	2650 COUNTRYSIDE BVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEAL, WESLEY	
STREET ADDRESS	29250 US 19 N LOT 198	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RONAN, LAURA	
STREET ADDRESS	7100 ULMERTON RD #1019	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANIER, BARBARA	
STREET ADDRESS	2431 CANADIAN WAY #49	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, DOLORES	
STREET ADDRESS	29250 US 19 N LOT 198	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oberst, Christine	
STREET ADDRESS	559 Douglas Ave Dunedin	
CITY-ST-ZIP	FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Elwyn	
STREET ADDRESS	1254 Michigan Ave, Dunedin	
CITY-ST-ZIP	FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *L. Cruickshank* **REQUIRE** *8/10/03* **127-7340635**

CR2E037 (4/03)