

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02065

1. Entity Name

UNITY OF GAINESVILLE, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90038 026 ****61.25

Principal Place of Business

8801 NW 39TH AVE
GAINESVILLE FL 32606
US

Mailing Address

8801 NW 39TH AVE
GAINESVILLE FL 32606-5628
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2499226

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MELANIE, SCHLEY A.~~
~~8801 NW 39 AVENUE~~
~~GAINESVILLE FL 32606~~

Name

PAMELA SCHAUER

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

8801 NW 39TH AVENUE

City

GAINESVILLE

FL

Zip Code

32606

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.

BUSINESS ADMINISTRATOR

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JOHN M III	
STREET ADDRESS	2117 SW 86TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROGAN, MICHAEL	
STREET ADDRESS	404 NE 10TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, DEE	
STREET ADDRESS	3626 NW 22ND TER	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEPARD, PHYLLIS	
STREET ADDRESS	3230 NW 41ST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TEUFERT, BILL	
STREET ADDRESS	2155 SW 7TH ST	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TATUM, JACQUE	
STREET ADDRESS	806 NW 40TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERESA WESLY	
STREET ADDRESS	6718 SW 100 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	NORM BOYD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOX 1286	
STREET ADDRESS	ALACHUA FL 32415	
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAT REYNOLDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4343 NW 61ST TERRACE	
STREET ADDRESS	GAINESVILLE FL 32606	
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, JACQUE	
STREET ADDRESS	806 NW 40TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

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:

Theresa C Wesly

Theresa C Wesly

2-1-2000

352-373-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)