

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90036 031 \*\*\*\*61.25

**DOCUMENT # N02065**

1. Entity Name

**UNITY OF GAINESVILLE, INC.**

Principal Place of Business

**8801 NW 39TH AVE  
GAINESVILLE FL 32606  
US**

Mailing Address

**8801 NW 39TH AVE  
GAINESVILLE FL 32606  
US**

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

**59-2499226**

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

**SCHAUER, PAMELA  
8801 NW 39 AVENUE  
GAINESVILLE FL 32606**

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **WESLY, THERESA**  
CITY-ST-ZIP **6718 SW 100 LANE  
GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **BOYD, NORM**  
STREET ADDRESS **BOX 1286**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **BOYD, NORM**  
CITY-ST-ZIP **915 NW 4TH AVENUE  
HIGH SPRINGS FL 32643**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MITCHELL, DEE**  
CITY-ST-ZIP **3626 NW 22ND TER  
GAINESVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VP**  
STREET ADDRESS **SHEPARD, PHYLLIS**  
CITY-ST-ZIP **3230 NW 41ST AVENUE  
GAINESVILLE FL 32606**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **CLAIRE DAY**  
CITY-ST-ZIP **5017 NW 65TH LANE  
GAINESVILLE FL 32653**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **REYNOLDS, PAT**  
CITY-ST-ZIP **4343 NW 61ST TERRACE  
GAINESVILLE FL 32606**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **TATUM, JACQUE**  
CITY-ST-ZIP **806 NW 40TH DRIVE  
GAINESVILLE FL 32605**

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03.22.01**

Date

**352.373.1030**

Daytime Phone #

CR2E037 (10/00)