

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90064 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**

70015060



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

PAMELA SCHAUER, ADMINISTRATOR *Pamela Schauer*

1-22-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **T** ☐ Delete
NAME **LEACH, DAN**
STREET ADDRESS **425 NW 48TH BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **T** ☒ Delete
NAME **LEACH, DAN**
STREET ADDRESS **425 NW 48TH BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **S** ☐ Delete
NAME **GINGRAS, JOHN**
STREET ADDRESS **BOX 5033**
CITY-ST-ZIP **GAINESVILLE FL 32627**

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

TITLE **P** ☐ Delete
NAME **DUFFEY, RAY**
STREET ADDRESS **5010 NE WALDO RD #84**
CITY-ST-ZIP **GAINESVILLE FL 32609**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **SCOTT FORNER**
STREET ADDRESS **5400 NW 39TH AVE #W 203**
CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PATTY SIMMONS**
STREET ADDRESS **12201 NW 129TH TER**
CITY-ST-ZIP **ALACHUA FL 32415**

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

TITLE **SECRETARY** ☐ Change ☐ Addition
NAME **RITA SCHEIBERCK**
STREET ADDRESS **8401 NW 13TH ST #111**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **DIRECTOR** ☒ 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

1-22-03

352-373-1030

CR2E037 (10/02)