

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701206

1. Entity Name

UNITY IN THE PINES, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90064 040 ****61.25

Principal Place of Business

Mailing Address

REV. STEVE WILLINGHAM
6073 SUMMIT BLVD.
W PALM BCH. FL 33415-3544
US

REV. STEVE WILLINGHAM
6073 SUMMIT BLVD.
W PALM BCH. FL 33415-3544
US

2. Principal Place of Business

3. Mailing Address

UNITY IN THE PINES CHURCH

UNITY IN THE PINES CHURCH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6073 SUMMIT BLVD

6073 SUMMIT BLVD

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

33415-3544

US

Zip

Country

33415-3544

US

4. FEI Number

59-0932859

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

RING, WILLIAM R
6073 SUMMIT BLVD
WEST PALM BEACH FL 33415

Name

DALE R. STONE, CPA

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

4500 Belvedere Road - Suite F2

City

WEST PALM BEACH,

FL

Zip Code

33415-1357

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

DALE R. STONE, CPA

Dale R. Stone

1/21/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PFEIFFER, RANDY 6073 SUMMIT BLVD. W PALM BCH. FL 33415-3544	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THORNHILL, LESTER 1500 N. CONGRESS AVENUE WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANZALONE, BONNIE 12948 MEADOWBREEZE DR. WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JB HUNSINGER, LOUISE 1530 N. M ST. LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD PFEIFFER, LESLIE 1281-MYSTIC WAY WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR DALE R. STONE 4500 BELVEDERE ROAD - SUITE F2 WEST PALM BEACH, FL 33415-1357	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR KARON TRASDALE 3525 S OCEAN BLVD #10 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / DIRECTOR PETER ECKELKAMP 715 LAKE AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LYNN TRINKA 1188 SW 2ND STREET BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GLORIA ALEXANDER 95 CAMDEN E WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Dale R. Stone

DALE R STONE, PRES 3/9/2000 561 6830886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)