2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 08:00 AM
Secretary of State

DOCUMENT # 702873

1. Entity Name
UNITY OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
2750 VAN BUREN ST	2750 VAN BUREN ST.
HOLLYWOOD FL 33020 US	HOLLYWOOD FL 33020

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6155040 ☐ 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
WILLIAMSON DAVID 2740 VAN BUREN ST. HOLLYWOOD FL 33020 US	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 _____ 04/11/2000
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		☐ Delete		☐ Change ☐ Addition
TITLE	T	☐ Delete	TITLE	T ☒ Change ☐ Addition
NAME	ROGERS LINDA		NAME	GRIGAS DAVID
STREET ADDRESS	11124 BISMARK PLACE		STREET ADDRESS	3151 S. STATE RD 7, #114
CITY-ST-ZIP	COOPER CITY FL 33026		CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PODESTA MARTHA		NAME	
STREET ADDRESS	2710 JACKSON ST		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POLAND GEORGETTE		NAME	
STREET ADDRESS	5420 HAWKS BLUFF AVE		STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUNLAP ALAN		NAME	
STREET ADDRESS	9941 N ABIACA CIR		STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAWRENCE MADALINE		NAME	
STREET ADDRESS	20420 NE 10TH CT.		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		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.