

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713662

1. Entity Name

UNITY IN THE GROVE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90091 045 \*\*\*\*61.25

Principal Place of Business <b>6230 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813-3844</b>	Mailing Address <b>6230 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813-3844</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3112786</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LUMAN, EYDEE 227 BIRCH LANE LAKELAND FL 33813</b>	7. Name and Address of New Registered Agent Name <b>VIRGINIA LEIGHT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3912 SADDLE CREEK RD</b> City <b>LAKELAND, FL</b> Zip Code <b>33801</b>
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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 *Virginia H Leight* DATE **4-24-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PIVER, WANDA 3144 ELLIS AVE LAKELAND FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CINDY CONNORS 410 WILLOW RUN LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LUMAN, EYDEE 227 BIRCH LANE LAKELAND FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WILLIAM B. COX P.O. Box 851 BARTON, FL 33831-0851</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD COX, WILLIAM B 785 MCLEOD ST BARTON FL 33830</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CHRISTINE CROFT 778 ZELLA LANE LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOHNSON, DENNIS 4517 ORANGEWOOD LOOP W LAKELAND FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MICHELLE PUGH 3133 ELLIS AVE LAKELAND, FL 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BATES, VIRGINIA 6003 WOODHAVEN DR LAKELAND FL 33811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONNORS, CYNTHIA 410 WILLOW RUN LAKELAND FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENNIS JOHNSON 4517 ORANGEWOOD LOOP W LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input 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: *Virginia H Leight* (863) 646-5314 **4-24-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)