

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 713662**

1. Entity Name

UNITY IN THE GROVE, INC.

Principal Place of Business

**6230 LAKE LAND HIGHLANDS ROAD
LAKE LAND FL 33813-3844**

Mailing Address

**6230 LAKE LAND HIGHLANDS ROAD
LAKE LAND FL 33813-3844**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3112786

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEICHT, VIRGINIA
3912 SADDLE CREEK RD
LAKE LAND FL 33801**

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.

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

| | | |
|----------------|--------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | COX, WILLIAM B | |
| STREET ADDRESS | 778 ZELLA LANE | |
| CITY-ST-ZIP | LAKE LAND FL 33803 | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PUGH, MICHELLE | |
| STREET ADDRESS | 3133 ELLIS AVE | |
| CITY-ST-ZIP | LAKE LAND FL 33803 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, DENNIS | |
| STREET ADDRESS | 4517 ORANGEWOOD LOOP N | |
| CITY-ST-ZIP | LAKE LAND FL 33813 | |

| | | |
|----------------|------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, DENNIS | |
| STREET ADDRESS | 4517 ORANGEWOOD LOOP W | |
| CITY-ST-ZIP | LAKE LAND FL 33813 | |

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BATES, VIRGINIA | |
| STREET ADDRESS | 6003 WOODHAVEN DR | |
| CITY-ST-ZIP | LAKE LAND FL 33811 | |

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CONNORS, CYNTHIA | |
| STREET ADDRESS | 410 WILLOW RUN | |
| CITY-ST-ZIP | LAKE LAND FL 33813 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|---|
| TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CROFT, CHRISTY | |
| STREET ADDRESS | 410 E. THELMA STREET | |
| CITY-ST-ZIP | LAKE LAND, FL 33850 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICHARD, VIRGINIA | |
| STREET ADDRESS | P. O. BOX 2544 | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33882 | |

| | | |
|----------------|---------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SALE, LEE | |
| STREET ADDRESS | 6460 TULA LANE | |
| CITY-ST-ZIP | LAKE LAND, FL 33809 | |

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONNORS, CINDY | |
| STREET ADDRESS | 410 WILLOW RUN | |
| CITY-ST-ZIP | LAKE LAND, FL 33813 | |

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: *DENNIS E. JOHNSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90501 011 *****61.25

00043340



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)