

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90018 012 \*\*\*\*61.25

**DOCUMENT # 713662**

1. Entity Name

**UNITY IN THE GROVE, INC.**

Principal Place of Business

Mailing Address

**6230 LAKELAND HIGHLANDS ROAD  
 LAKELAND FL 33813-3844**

**6230 LAKELAND HIGHLANDS ROAD  
 LAKELAND FL 33813-3844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3112786**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEICHT, VIRGINIA, Reverend  
 3912 SADDLE CREEK RD  
 LAKELAND FL 33801**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **CROFT, CHRISTY**  
 STREET ADDRESS **410 E THELMA STREET**  
 CITY-ST-ZIP **LAKELAND FL 33850**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Croft, Christy**  
 STREET ADDRESS **410 E. Thelma Street**  
 CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE **SD** ☐ Delete  
 NAME **PUGH, MICHELLE**  
 STREET ADDRESS **3133 ELLIS AVE**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **Pugh, Michelle**  
 STREET ADDRESS **3133 Ellis Avenue**  
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **D** ☒ Delete  
 NAME **JOHNSON, DENNIS**  
 STREET ADDRESS **4517 ORANGEWOOD LOOP N**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Rumford, Anne**  
 STREET ADDRESS **710 W. Belmar Street**  
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **D** ☐ Delete  
 NAME **RICHARD, VIRGINIA**  
 STREET ADDRESS **P.O. BOX 2544**  
 CITY-ST-ZIP **WINTER HAVEN FL 33882**

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

TITLE **D** ☒ Delete  
 NAME **SALE, LEE**  
 STREET ADDRESS **6460 TULA LANE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Battle, Darrell**  
 STREET ADDRESS **5012 Wales Street**  
 CITY-ST-ZIP **Lake Wales, FL 33859**

TITLE **PD** ☒ Delete  
 NAME **CONNORS, CINDY**  
 STREET ADDRESS **410 WILLOW RUN**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Saunders, Carol**  
 STREET ADDRESS **2434 Hollingsworth Hill Ave**  
 CITY-ST-ZIP **Lakeland, FL 33803**

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 persons empowered.

SIGNATURE:

*Quinn R. Pease, Admin Asst.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-2002 (863) 646-5314**

CR2E037 (9/01)