

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006999

1. Entity Name

UPWARD BOUND OF UNITY, INC.

Principal Place of Business

100 LAMBTON LANE  
NAPLES FL 34104

Mailing Address

100 LAMBTON LANE  
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1116494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SPIGEL & UTRERA, P.A.~~  
~~345 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

NO CHANGE

AEH

7. Name and Address of New Registered Agent

Name

~~NAME~~ NO CHANGE

AEH

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	PD	<input type="checkbox"/> Delete
NAME	HOLT, ARTHUR	
STREET ADDRESS	100 LAMBTON LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HOLT, DOROTHY C	
STREET ADDRESS	100 LAMBTON LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, DAVID A	
STREET ADDRESS	5464 DIAMOND PLACE NE	
CITY-ST-ZIP	BAINBRIDGE IS. WA 98011	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORSON, JACQUELINE	
STREET ADDRESS	501 BRIAR RIDGE LANE	
CITY-ST-ZIP	FRONTEMAC MO 63131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

*ARTHUR HOLT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2002

Date

239-353-1578

Daytime Phone #

CR2E037 (9/01)

FILED  
May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91545 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE