

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90370 022 \*\*\*\*61.25

DOCUMENT # **NO2000007129**

1. Entity Name

**Unity of Marathon, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9551 Overseas Hwy**

3. Mailing Address

**9551 Overseas Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Marathon, FL**

City & State

**Marathon, FL**

4. FEI Number

**56-2298889**

Applied For

Not Applicable

Zip

**33050**

Country

**USA**

Zip

**33050**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Carolyn E. Sellers**

Street Address (P.O. Box Number is Not Acceptable)

**15061 Overseas Hwy**

**Islamorada**

City

**FL**

Zip Code

**33036**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Tim Suttles 132 Indies Dr. North Duck Key, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>William Daniels</del> Vice President William Daniels 2351 Sombreno Lane Marathon, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Lois Giffen 2000 Manor Lane Marathon, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Bernardo Garcia 348 Guava Ave Grassy Pt FL 33050</b>
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**J. T. Suttles**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/04**  
Date

**(305)289-5679**  
Daytime Phone #

CR2E037B (12/02)