2000 UNIFORM BUSINESS REPORT (UBR)

changed, or, on an attachment with an address, with all other like empowered

SIGNATURE:

FILED **DOCUMENT # N45715** May 04, 2000 8:00 am 1. Entity Name Secretary of State UNITY OF GULF BREEZE, INC. 05-04-2000 90090 037 ****61.25 Mailing Address Principal Place of Business 913 GULF BREEZE PKWY. 913 GULF BREEZE PKWY. HARBOURTOWN 26 HARBOURTOWN 26 GULF BREEZE FL 32561-4754 GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3094021 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent == Street Address (P.O. Box Number is Not Acceptable) PURCELL, JUDITH A 4143 MARDURA RAD. **GULF BREEZE FL 32561** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Teannie ZoKan, D **Addition** TITLE TITLE 🔀 Delete 150 Sterns NAME NAME FOSTER, JOE STREET ADDRESS STREET ADDRESS Breeze, FL 9561 SUNNYBROOK LN CITY-ST-7iP CITY-ST-ZIP NAVARRE FL 32566 rginia Williams, D Change Addition TITLE 🔀 Delete TITLE 2341 Arriviste Way NAME NAME GOODYEAR, PAM STREET ADDRESS STREET ADDRESS 5175 BLACK RD Pensacola, FL 32504 CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32683 ☐ Change ☐ Addition Delete -TITLE М TITLE NAME NAME PURCELL, JUDI STREET ADDRESS STREET ADDRESS 4143 MADURA RD. CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** ☐ Change **Addition** Delete TITLE Wade Gaines, TITLE 3534 deloach St. NAME NAME COMSTOCK, CAROLEE STREET ADDRESS STREET ADDRESS 5503 STAGE COACH RD Pensacola, FL 32514 CITY-ST-7IP CITY-ST-ZIP GULF BREEZE FL ☐ Addition Change TITLE Delete TITLE NAME NAME OUTLAW, MARIA 171 Rampart Way STREET ADDRESS STREET ADDRESS 448-STERNS 32-505 CITY-ST-ZIP CITY-ST-ZIP GULF-BREEZE F Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #