

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90186 041 \*\*\*\*61.25

**DOCUMENT # N45715**

1. Entity Name

**UNITY OF GULF BREEZE, INC.**



Principal Place of Business

**913 GULF BREEZE PKWY.  
HARBOURTOWN 26  
GULF BREEZE FL 32561**

Mailing Address

**913 GULF BREEZE PKWY.  
HARBOURTOWN 26  
GULF BREEZE FL 32561**

**11014258**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3094021**

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

**PURCELL, JUDITH A  
4143 MADURA RAD.  
GULF BREEZE FL 32561**

Name

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

City

**FL**

Zip Code

**32563**

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, VIRGINIA</b>	
STREET ADDRESS	<b>2341 ARRIVISTE WAY</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>PURCELL, JUDI</b>	
STREET ADDRESS	<b>4143 MADURA RD.</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GEORGE, MAIZIE</b>	
STREET ADDRESS	<b>P.O. BOX 4477</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507-4477</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORTIZ, NELSON</b>	
STREET ADDRESS	<b>P.O. BOX 16361</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507-6361</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAMARQUE, SHIRLEY</b>	
STREET ADDRESS	<b>1450 SANIBEL LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32563</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Karen Crockford</b>	
STREET ADDRESS	<b>1315 Maldonado Dr.</b>	
CITY-ST-ZIP	<b>Pensacola Beach, FL 32561</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carolee Comstock</b>	
STREET ADDRESS	<b>5503 Stagecoach Rd</b>	
CITY-ST-ZIP	<b>Gulf Breeze FL 32563</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carol Landry</b>	
STREET ADDRESS	<b>9261 Eagle Nest</b>	
CITY-ST-ZIP	<b>Navarre, FL 32566</b>	
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:

*SIGNATURE OF PURCELL*

4/23/03

850-932-3076

CR2E037 (10/02)