

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90040 027 ****61.25

DOCUMENT # N46693

1. Entity Name

UNITY OF TODAY, INC.

Principal Place of Business

1132 E DONEGAN AVE
 KISSIMMEE FL 34744
 US

Mailing Address

1132 E DONEGAN AVE
 KISSIMMEE FL 34744-1932
 US

2. Principal Place of Business

2164 Canoe Creek Rd.
 Suite, Apt. #, etc.
 St. Cloud, Florida
 City & State

3. Mailing Address

2164 Canoe Creek Rd.
 Suite, Apt. #, etc.
 St. Cloud FL.
 City & State



DO NOT WRITE IN THIS SPACE

Zip 34769

Country Osceola

Zip 34769

Country Osceola

4. FEI Number

59-3097891

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DORWAY, DAVID
 12853 MARYLAND WOODS CT.
 ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name Diane Dupre

Street Address (P.O. Box Number is Not Acceptable)
 1637 Cypress Woods Circle

City St. Cloud

FL

Zip Code 34772

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 *Diane Dupre*

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	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIGGS, SUSAN M	
STREET ADDRESS	4188 WESLEY CT. 172	
CITY-ST-ZIP	KISSIMMEE FL 34746-6473	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOLL, SEVER	
STREET ADDRESS	20 MACON WAY	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, POLO	
STREET ADDRESS	2709 UXBRIDGE LN	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LA ROSE, ESME	
STREET ADDRESS	3120 BIRDNEST PLACE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDDY, GLORIA	
STREET ADDRESS	4553 LAKE CALABAY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, JANE	
STREET ADDRESS	3211 OAK PARK LN	
CITY-ST-ZIP	KISSIMMEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Dupre	
STREET ADDRESS	1637 Cypress Woods Cr.	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sever Woll	
STREET ADDRESS	20 Maccon Way	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, POLO	
STREET ADDRESS	2709 Uxbridge LN	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Neblett	
STREET ADDRESS	Buenaventura Lakes	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack E. Graham	
STREET ADDRESS	410 Ketch. Rd.	
CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Perry	
STREET ADDRESS	1341 Dunbarton Ct.	
CITY-ST-ZIP	Kissimmee, FL 34758	

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: *DIANE DUPRE, PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Dupre

Date

Daytime Phone #

CR2E037 (9/99)