

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46693

1. Entity Name

UNITY OF TODAY, INC.

Principal Place of Business--

2164 CANOE CREEK RD
SAINT CLOUD FL 34769
US

Mailing Address

2164 CANOE CREEK RD
SAINT CLOUD FL 34769
US

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

59-3097891

Applied For

Not Applicable

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

~~DORWAY, DAVID~~
~~1637 CYPRESS WOODS CIRCLE~~
~~SAINT CLOUD FL 34772~~

Diane Dupre
1637 Cypress Woods Cr.
St. Cloud, FL
34772

Name

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

Diane Dupre

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4. 8. 01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME DUPRE, DIANE
STREET ADDRESS 1637 CYPRESS WOODS CR
CITY-ST-ZIP SAINT CLOUD FL 34772 ☐ Delete

TITLE Carmella Zuccarello
NAME Carmella Zuccarello
STREET ADDRESS 415 Ohio Ave.
CITY-ST-ZIP St. Cloud, FL 34769 ☒ Change ☒ Addition

TITLE VP
NAME WOLL, SEVER
STREET ADDRESS 20 MACON WAY
CITY-ST-ZIP ST CLOUD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME ORTIZ, POLO
STREET ADDRESS 2709 UXBRIDGE LN
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME NEBLETT, DIANE
STREET ADDRESS BUENAVENTURA LAKES
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRAHAM, JACK
STREET ADDRESS 410 KETCH RD
CITY-ST-ZIP SAINT CLOUD FL 34771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME PERRY, CHARLES
STREET ADDRESS 1341 DUNBARTON CT
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 9. 01

Date

407-348-6019

Daytime Phone #

CR2E037 (10/00)

002605

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90112 046 ****61.25

740555



DO NOT WRITE IN THIS SPACE