

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90068 015 ****61.25

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DOCUMENT # N94000005586

1. Entity Name

A UNIFYING MOVEMENT, INC.



Principal Place of Business

**4253 CARDINAL BLVD
PONCE INLET FL 32127**

Mailing Address

**4253 CARDINAL BLVD
PONCE INLET FL 32127
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

Country

Zip

Country

4. FEI Number **59-3279087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ORTIZ, JOHN J
4253 CARDINAL BLVD.
DAYTONA BEACH FL 32127**

7. Name and Address of New Registered Agent

Name

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

City

PORT ORANGE

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. 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

TITLE **PD** ☐ Delete
NAME **MICHAELS, SUE W**
STREET ADDRESS **36 SEA HAVEN DR.**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **VPD** ☒ Delete
NAME **CLUGGETT, LINDA**
STREET ADDRESS **21 SUNNY SHORE DRIVE**
CITY-ST-ZIP **ORMOND BY THE SEA FL 32176-3715**

TITLE **TD** ☐ Delete
NAME **ORTIZ, JOHN**
STREET ADDRESS **4253 CARDINAL BOULEVARD**
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **D** ☐ Delete
NAME **KELLER, JOHN**
STREET ADDRESS **1012 SOUTH RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4709 DILLINGHAM COURT**
CITY-ST-ZIP **RALEIGH, NC 27604**

TITLE **VPD** ☐ Change ☒ Addition
NAME **SUSAN SHUNNY**
STREET ADDRESS **991 PARKWOOD DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **PORT ORANGE, FL**

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

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

TITLE ☐ Change ☐ 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)(l), 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

CR2E037 (10/02)