

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90264 024 ****61.25

DOCUMENT # N95000001278

1. Entity Name

UNITY CHURCH IN CHRIST, INC.

Principal Place of Business

Mailing Address

**8551 BUCK LAKE RD
TALLAHASSEE FL 32311**

**8551 BUCK LAKE RD
TALLAHASSEE FL 32311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32317

32317



DO NOT WRITE IN THIS SPACE

4. FEI Number

44-0668175

~~51-0240400~~

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

**WORTH, NANCY K REV.
2617 NEUCHATEL DR.
TALLAHASSEE FL 32303**

Name

BARBARA BUTZ

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

4220 NATURAL BRIDGE RD.

City

TALLAHASSEE

FL

Zip Code

32311

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

Barbara A. Butz

President / BARBARA A. BUTZ

4/21/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	BUTZ, BARBARA	
CITY-ST-ZIP	4220 NATURAL BRIDGE RD TALLAHASSEE FL 32311	
TITLE NAME	VTR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	GRAHAM, PHYLLIS	
CITY-ST-ZIP	1101 BROWNING DR TALLAHASSEE FL	
TITLE NAME	S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BUCHANAN, SHERRIE	
CITY-ST-ZIP	6442 FITZ LANE TALLAHASSEE FL 32311	
TITLE NAME	TR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	NANCY WORTH	
CITY-ST-ZIP	2617 NEUCHATEL DR TALLAHASSEE FL 32303	
TITLE NAME	TR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BILL WORTH	
CITY-ST-ZIP	2617 NEUCHATEL DR TALLAHASSEE FL 32303	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	DEMARIA, TONY	
CITY-ST-ZIP	1724 THOMASVILLE RD TALLAHASSEE FL 32303	

TITLE NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	GREGG PATTERSON
CITY-ST-ZIP	2770 THORNTON RD. TALLAHASSEE, FL 32308
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	S
CITY-ST-ZIP	CARLEEN PRUYN 6283 CRESTWOOD DR. TALLAHASSEE, FL 32311
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	T
CITY-ST-ZIP	MARTY REISER 18034 RAKESTRAW DR. TALLAHASSEE, FL 32310
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D
CITY-ST-ZIP	THOMAS YARBROUGH 2027 LONGVIEW DR. TALLAHASSEE, FL 32303
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D
CITY-ST-ZIP	TONY DEMARIA 1724 THOMASVILLE RD. TALLAHASSEE, FL 32303
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Barbara A. Butz **BARBARA A. BUTZ** **4/21/02** **850-431-6605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)