

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 037 ****61.25

DOCUMENT # N96000004577

1. Entity Name
UNIT IV MANAGEMENT, INC.



Principal Place of Business
**12001 BACKWATER RD
SARASOTA, FL 34240-9235**

Mailing Address
**12001 BACKWATER RD
SARASOTA, FL 34240-9235**

50007238



2. Principal Place of Business

8213 BLAIE CT

Suite, Apt. #, etc.

3. Mailing Address

8213 BLAIE CT

Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3497492

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLAIE, MICHAEL B
12001 BACKWATER ROAD
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name **ROBIN M. BLAIE**

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

8213 BLAIE CT

City **SARASOTA**

FL

Zip Code

34240

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

Robin M. Blaikie

ROBIN M. BLAIE

2/6/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **D** ☐ Delete
NAME **BLAIE, ROBIN**
STREET ADDRESS **12001 BACKWATER RD**
CITY-ST-ZIP **SARASOTA, FL 342409235**

TITLE **DVT** ☒ Delete
NAME **BLAIE, ROBERT W JR**
STREET ADDRESS **4909 HUBNER CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **DP** ☐ Delete
NAME **BLAIE, MICHAEL B**
STREET ADDRESS **12001 BACKWATER ROAD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **ROBIN M. BLAIE**
STREET ADDRESS **8213 BLAIE CT**
CITY-ST-ZIP **SARASOTA, FL 34240**

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **MICHAEL B BLAIE**
STREET ADDRESS **8213 BLAIE CT**
CITY-ST-ZIP **SARASOTA, FL 34240**

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 exemptions contained in Chapter 119, 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:

Robin M. Blaikie **ROBIN M. BLAIE**

2/6/06

941-377-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #