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

DOCUMENT # N98000004284

1. Entity Name
R.O.A.D. Empowering Unity

DO NOT WRITE IN THIS SPACE

FILED
02 JUN 13 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6690 cherry rd Suite, Apt. #, etc.	6690 cherry rd Suite, Apt. #, etc.
City & State: Ocala, Fl	City & State: Ocala, Fl.
Zip: 34472 Country: Marion	Zip: 34472 Country: Marion

4. FEI Number: 59-3524925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Michelle Forsythe

Street Address (P.O. Box Number is Not Acceptable): 6690 cherry rd

City: Ocala **FL** Zip Code: 34472

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: Michelle Forsythe P/D 6-6-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Tom Kay / Vice President / D 390 NW 117th Ct Ocala, Fl 34482
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sean Jackson / Treasurer / D 742 NE 17th Ave Ocala, Fl. 34470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michelle Forsythe / President / D 6690 Cherry Rd Ocala Fl, 34472
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tom Conrad / Secretary / D 727 NE 17th Ct Ocala, Fl 34470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 6/6/02 (352)-624-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michelle Forsythe