

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700884

1. Entity Name

HAINES CITY CHAMBER OF COMMERCE, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90131 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

HIGHWAY 27. NORTH  
 P.O. BOX 986  
 HAINES CITY FL 33845-0986

HIGHWAY 27. NORTH  
 P.O. BOX 986  
 HAINES CITY FLA 33845-0986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0585597

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUNNINGHAM, LORI  
 908 US HWY 27 N  
 P O BOX 986  
 HAINES CITY FL 33844

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

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:  Delete  
 NAME: STD  
 STREET ADDRESS: BROADWAY, DENNIS  
 CITY-ST-ZIP: PO BOX 337 HAINES CITY FL

TITLE:  Change  Addition  
 NAME: V/D  
 STREET ADDRESS: Dennis Broadway  
 CITY-ST-ZIP: P.O. Box 337, Haines City, FL 33844

TITLE:  Delete  
 NAME: D  
 STREET ADDRESS: CAMPBELL, JIM  
 CITY-ST-ZIP: 201 AVE G SW WINTER HAVEN FL

TITLE:  Change  Addition  
 NAME: D  
 STREET ADDRESS: Joyce Lovelace  
 CITY-ST-ZIP: P.O. Box 188, Haines City, FL 33845

TITLE:  Delete  
 NAME: PD  
 STREET ADDRESS: LOVELACE, JOYCE  
 CITY-ST-ZIP: 7722 SR 544 EAST HAINES CITY FL

TITLE:  Change  Addition  
 NAME: V/D  
 STREET ADDRESS: Jeff Vandiver  
 CITY-ST-ZIP: 5665 Cypress Gardens Rd. Winter Haven, FL 33884

TITLE:  Delete  
 NAME: VD  
 STREET ADDRESS: MAHAFFEY, BOB  
 CITY-ST-ZIP: 1615 US HWY 27 N DAVENPORT FL 33837

TITLE:  Change  Addition  
 NAME: V/D  
 STREET ADDRESS: Bob Mahaffey  
 CITY-ST-ZIP: (same info)

TITLE:  Delete  
 NAME: D  
 STREET ADDRESS: LEE, DR. ERNIE E  
 CITY-ST-ZIP: 41 N 20TH ST #17 HAINES CITY FL 33844

TITLE:  Change  Addition  
 NAME: S/T/D  
 STREET ADDRESS: Earle E. Lee  
 CITY-ST-ZIP: 41 N. 20th St. #17 Haines City, FL 33844

TITLE:  Delete  
 NAME: VD  
 STREET ADDRESS: BURCHFIELD, RON  
 CITY-ST-ZIP: 902 US HWY 27 N HAINES CITY FL

TITLE:  Change  Addition  
 NAME: P/D  
 STREET ADDRESS: Ron Burchfield  
 CITY-ST-ZIP: 902 US Hwy 27 N Haines City, FL 33844

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:

*LORI CUNNINGHAM*  
 LORI CUNNINGHAM, Executive Director

4/17/2000  
 Date

863-422-3751  
 Daytime Phone #

CR2E037 (9/99)