2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90207 038 ****61.25

000617O

DOCUMENT # 704719

1. Entity Name

FLAGLER COUNTY PALM COAST CHAMBER OF COMMERCE, I

Principal Place of Business	Mailing Address
2 AIRPORT DRIVE STAR ROUTE. BOX 18-N BUNNELL FL 32110	2 AIRPORT DRIVE STAR ROUTE. BOX 18-N BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 Airport Road Suite, Apt. #, etc.	20 Airport Road Suite, Apt. #, etc.
City & State: Bunnell, FL	City & State: Bunnell, FL
Zip: 32110 Country:	Zip: 32110 Country:

4. FEI Number 59-1168213 ☐ 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
MORRIS, RICHARD E 1 COLE CT PALM COAST FL 32137	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTGOMERY, ROBERT 309 N. STATE ST. BUNNELL FL 32110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Saul Caro 19 Old Kings Rd. N. #C107 Palm Coast, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEIN-MATHEN, THEA 2903-A E MOODY BLVD BUNNELL FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATOGGIO, TONY 1000 E MOODY BLVD BUNNELL FL 32110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVORE, BOB ONE HARGROVE GRADE PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBBS, AMY 1300 PALM COAST PKWY. S.W. PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Gary Wheeler 3 Cypress Branch Way #103 Palm Coast, FL 32137	☐ Change ☒ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Thea Hein-Mathen 4/30/01 (386) 437-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #