2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90060 003 ****61.25

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DOCUMENT # 706373

1. Entity Name

GREATER SEMINOLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
8400 113 ST N SEMINOLE FL 33772 US	PO BOX 3337 SEMINOLE FL 33775-3337 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1052175 ☐ 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
SCHMORANZ, PATRICIA 8400 113TH STREET NO SEMINOLE FL 33772	Name: James G. Johnson Street Address (P.O. Box Number is Not Acceptable): 8400 113th ST North City: Seminole, FLA. 33772 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 James G Johnson
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	S CAVONIS, PAUL R 8640 SEMINOLE BLVD SEMINOLE FL 33772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary McMullen, Claude 8982 Seminole Blvd. Seminole, FL 33772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ROBIN 3530 49 ST N ST PETERSBURG FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres-elect Elias, John 611 Druid Rd., Suite 512 Clearwater, FL 33756-3938	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SCHMORANZ, PATRICIA 8400 113TH STREET NO SEMINOLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Denmark, John 5400 Seminole Blvd. Seminole, FL 33772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUNNINGHAM, LARRY 9190 SEMINOLE BLVD. SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLLIVER, JAMES DR 9200 113TH ST N SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, GENE 1301 SEMINOLE BLVD # 140 LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 4-11-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #