

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706373

1. Entity Name

GREATER SEMINOLE AREA CHAMBER OF COMMERCE, INC.

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90148 040 ****61.25

Principal Place of Business

8400 113 ST N
SEMINOLE FL 33772
US

Mailing Address

PO BOX 3337
SEMINOLE FL 33775-3337
US

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

JOHNSON, JAMES G
8400 113TH STREET NO
SEMINOLE FL 33772

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 S
STREET ADDRESS MCMULLEN, CLAUDE
CITY-ST-ZIP 8982 SEMINOLE BLVD.
SEMINOLE FL 33772 ☐ Delete

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

TITLE
NAME PE
STREET ADDRESS ELIAS, JOHN
CITY-ST-ZIP 611 DRUID RD., SUITE 512
CLEARWATER FL 33756-3938 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS DENMARK, JOHN
CITY-ST-ZIP 5400 SEMINOLE BLVD.
SEMINOLE FL 33772 ☐ Delete

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

TITLE
NAME P
STREET ADDRESS CUNNINGHAM, LARRY
CITY-ST-ZIP 9190 SEMINOLE BLVD.
SEMINOLE FL 33772 ☒ Delete

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

TITLE
NAME T
STREET ADDRESS OLLIVER, JAMES DR
CITY-ST-ZIP 9200 113TH ST N
SEMINOLE FL 33772 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS ANDERSON, GENE
CITY-ST-ZIP 1301 SEMINOLE BLVD # 140
LARGO FL 33770 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)