

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710179

1. Entity Name

JENSEN BEACH CHAMBER OF COMMERCE, INC.

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

04-22-2000 90032 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1910 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957  
US

1910 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957-7236  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0682897

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

HAVEN, RON  
1910 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

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 P  
STREET ADDRESS HAVEN, RON  
CITY-ST-ZIP 1910 N.E. JENSEN BEACH BLVD  
JENSEN BEACH FL 34956

TITLE ☐ Change ☐ Addition  
NAME P  
STREET ADDRESS David Grlinghouse  
CITY-ST-ZIP 1910 NE Jensen Beach Blvd  
Jensen Beach FL 34956

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS FOGARTY, DAWN  
CITY-ST-ZIP 1910 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34956

TITLE ☐ Change ☐ Addition  
NAME VP  
STREET ADDRESS Paul Newman  
CITY-ST-ZIP 1910 NE Jensen Beach Blvd  
Jensen Beach FL 34956

TITLE ☐ Delete  
NAME T  
STREET ADDRESS NEWMAN, PAUL  
CITY-ST-ZIP 1910 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34956

TITLE ☐ Change ☐ Addition  
NAME T  
STREET ADDRESS Clayless  
CITY-ST-ZIP 1910 NE Jensen Beach Blvd  
Jensen Beach FL 34956

TITLE ☐ Delete  
NAME S  
STREET ADDRESS PARIS, JERRY  
CITY-ST-ZIP 1910 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition  
NAME S  
STREET ADDRESS Tray Howse  
CITY-ST-ZIP 1910 NE Jensen Beach Blvd  
Jensen Beach FL 34956

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MUZZO, BOB  
CITY-ST-ZIP 1910 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34956

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Dawn Fogarty  
CITY-ST-ZIP 1910 NE Jensen Beach Blvd  
Jensen Beach FL 34956

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DUCHAJ, BOB  
CITY-ST-ZIP 1910 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition  
NAME P  
STREET ADDRESS Jerry Paris  
CITY-ST-ZIP 1910 NE Jensen Beach Blvd  
Jensen Beach FL 34956

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)