

5/2/01

FILED
May 23, 2001 8:00 am
Secretary of State

05-02-2001 90074 044 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710179

1. Entity Name

JENSEN BEACH CHAMBER OF COMMERCE, INC.

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
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

59-0682897

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

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

Name Paul Newman
Street Address (P.O. Box Number is Not Acceptable) 1910 NE JENSEN BEACH BLVD
City JENSEN BEACH FL Zip Code 34957

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	P	<input checked="" type="checkbox"/> Delete
NAME	GIRLINGHOUSE, DAVID	
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34958	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	NEWMAN, PAUL	
STREET ADDRESS	1910 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34956	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JESS, CLAY	
STREET ADDRESS	1910 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34956	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOWSE, TRAY	
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOGARTY, DAWN	
STREET ADDRESS	1910 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARIS, JERRY	
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CINDY COLLINS	
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESS, CLAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)