

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90054 005 ****61.25

DOCUMENT # 731346

1. Entity Name

GREATER NASSAU COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

401 S. KINGS RD
 FIRST UNION BLDG
 CALLAHAN FL 32011
 US

PO BOX 98
 CALLAHAN FL 32011-0098

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 **23-7430825**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ELLIOTT
 5029 STRATTON RD.
 CALLAHAN FL 32011

Name: **WARREN Isham**
 Street Address (P.O. Box Number is Not Acceptable)
3990 Booth RD.
 City **Callahan** FL Zip Code **32011**

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 **WARREN F. Isham President**

1/31/00

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 type="checkbox"/> Delete
NAME	JONES, ELLIOTT	
STREET ADDRESS	5029 STRATTON RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TOM	
STREET ADDRESS	3547 VONTZ WAY	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WARREN, ISHAM	
STREET ADDRESS	3990 BOOTH RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TERRELL, LUCY	
STREET ADDRESS	1610 TERRELL FARMS RD.	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, SUZIE	
STREET ADDRESS	7964 W. COUNTY RD. 108	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES	
STREET ADDRESS	3150 S. FLETCHER AVE.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isham, Warren	
STREET ADDRESS	3990 Booth RD	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geiger, BARBARA	
STREET ADDRESS	4577 RATLIFF RD	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, Kim	
STREET ADDRESS	5081 Sabal Palm Rd. #52	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Tom	
STREET ADDRESS	3547 Vontz Way	
CITY-ST-ZIP	Callahan, FL 32011	
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)(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: **WARREN F. Isham, Pres.** 1/31/00 (904) 879-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)