

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-13-2003 90237 008 ****50.00
02-24-2003 90179 010 ****20.00

DOCUMENT # 731346
1. Entity Name
GREATER NASSAU COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business
5352 W STATE RD 200
SUITE E
CALLAHAN FL 32011
US

Mailing Address
PO BOX 96
CALLAHAN FL 32011

2. Principal Place of Business
5475 DIXIE AVENUE

3. Mailing Address
Suite, Apt. #, etc.

City & State
CALLAHAN, FL

City & State

Zip
32011 Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7430825** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THREATTE, ROSE M
1488 SOUTH KINGS ROAD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent
Name **BRANTLEY RUSSELL**
Street Address (P.O. Box Number is Not Acceptable)
2239 E. STATE ROAD 200
City **YULEE** FL Zip Code **32097**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Brantley Russell*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THREATTE, ROSE M	
STREET ADDRESS	1488 SOUTH KINGS ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOEHRLE, DEAN	
STREET ADDRESS	28284 LAKE HAMPTON ROAD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ELLIOT	
STREET ADDRESS	5029 STRATTON ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GAJO, ISIDRO R	
STREET ADDRESS	11425 WARRIOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, DAVID	
STREET ADDRESS	7988 W COUNTY ROAD 108	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, BRANTLEY	
STREET ADDRESS	2239 E STATE ROAD 200	
CITY-ST-ZIP	YULEE FL 32097	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANTLEY RUSSELL	
STREET ADDRESS	2239 E. STATE ROAD 200	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERI DAVIS	
STREET ADDRESS	59 U.S. 17 South	
CITY-ST-ZIP	YULEE, FL 32041	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANINE ORENDER	
STREET ADDRESS	5352 W STATE ROAD 200	
CITY-ST-ZIP	CALLAHAN, FL 32011	
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)(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: *Brantley Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/11/03** Daytime Phone #: **904-879-144**

CORP0207 1/01/02