2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732246

1. Entity Name

SANTA ROSE COUNTY CHAMBER OF COMMERCE, INC.

	OOGITT OTTAMBLE	FOI CONTINUELIOE, IN		\checkmark	
Principal Place of Business		Mailing Address	<u>.</u>		
5247 STEWART ST MILTON FL 32570-4737 US		5247 STEWART ST MILTON FL 32570-473 US	7	(1887) (1888 (1118 (1878 (1881 21218 B))) B(B) B(B) B(B) B(B) B(B) B(B) B(B	
2. Principal Place of Business		3. Mailing Address	- ".		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-0730134 Applied For Not Applied be	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required	
6. Name and Address of Current Registered A				7. Name and Address of New Registered Agent	
SIGNATURE	5 eptity sobmits this statemen	Such	525 City M	SS (P.O. Box Number is Not Acceptable) 17 Stewart Steret 11 Stewart Steret 2 ip Code 32 570 Stered agent, or both, in the State of Florida. I am familiar with, and a	o accept
	September 13, 2002, will be \$236.25.		Campaign Financing and Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Department of State	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS 5120 ['N, RANDY: DOGWOOD DRIVE N FL 32570	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resident ARY Mooneyham GI AVAION BILL. MILTON, FL 32570	Addition
TITLE TD COULT STREET ADDRESS 531 EL	TER, MICHAEL LVA STREET N FL 32570	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition

☐ Delete TITLE ☐ Change Addition SMITH, CHERYL NAME NAME STREET ADDRESS 5330 BERRYHILL RD STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP imme Moore-Melvin Delete TITLE MOONEYHAM, GARY NAME NAME STREET ADDRESS 4061 AVALON BLVD STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 export 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 empoyered 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

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

8/26/02 623.2339

Change

Addition

FILED

Sep 02, 2002 8:00 am Secretary of State

09-02-2002 90148 018 ****61.25