

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740209

1. Entity Name

GREATER OLDSMAR CHAMBER OF COMMERCE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90251 028 ****61.25

Principal Place of Business

Mailing Address

163 S.R. 580 WEST
 OLDSMAR FL 34677
 US

163 S.R. 580 WEST
 OLDSMAR FL 34677
 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

59-2268316

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

GARTLAND, KEVIN O
 163 SE 580 WEST
 OLDSMAR FL 34677

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 PD
 NAME PAVLIK, ROGER
 STREET ADDRESS 13300 MCCORMICK DRIVE
 CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

TITLE D
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
 NAME MARTIN, CHARLIE
 STREET ADDRESS P.O. BOX 69 N/A
 CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE T/D
 NAME KERRI MCDUGALD
 STREET ADDRESS 3870 TAMPA ROAD
 CITY-ST-ZIP OLDSMAR, FL 34677 ☐ Change ☒ Addition

TITLE VD
 NAME WALLACE, DAVID
 STREET ADDRESS 3138 S.R. 580
 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE P/D
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
 NAME WILLIAMS, LINDA
 STREET ADDRESS 3711 TAMPA RD., STE. 107
 CITY-ST-ZIP OLDSMAR FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
 NAME ORMISTON, DAVID
 STREET ADDRESS 800 TARPON WOODS BLVD, F-4
 CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE V/D
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE M
 NAME GARTLAND, KEVIN
 STREET ADDRESS 1673 S.R. 580 WEST
 CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 163 S.R. 580 WEST
 CITY-ST-ZIP ☒ Change ☐ Addition

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:

Kevin O. Gartland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 (813) 8554233

CR2E037 (9/99)