

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90225 049 *****61.25

003597

DOCUMENT # 740209

1. Entity Name

GREATER OLDSMAR CHAMBER OF COMMERCE, INC.

Principal Place of Business

163 S.R. 580 WEST
 OLDSMAR FL 34677
 US

Mailing Address

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

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

TITLE **TD** ☒ Delete
 NAME **MCHOVGALD, KERRI**
 STREET ADDRESS **3870 TAMPA RD**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **TD** ☐ Change ☒ Addition
 NAME **JERRY KILTY**
 STREET ADDRESS **2519 McMullen Booth Road #510Q**
 CITY-ST-ZIP **Clearwater, FL 33761**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **C. Robin Howe**
 STREET ADDRESS **301 A Mears Blvd**
 CITY-ST-ZIP **Oldsmar, FL 34677**

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

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

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

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

TITLE **M** ☐ Delete
 NAME **GARTLAND, KEVIN**
 STREET ADDRESS **163 SR 580 WEST**
 CITY-ST-ZIP **OLDSMAR FL**

TITLE ☐ Change ☐ 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:

Kevin O. Gartland

4/30/01 (813) 8554233

CR2E037 (10/00)