

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90008 002 ****61.25

DOCUMENT # 740636

1. Entity Name

STUART/MARTIN COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1650 S KANNER HIGHWAY
 STUART FL 34994-7108

1650 S KANNER HIGHWAY
 STUART FL 34994-7152

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

59-0684483

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

CATRAMBONE, JOSEPH A.
1650 S KANNER HIGHWAY
STUART FL 34994

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 *Joseph A. Catrambone*
 Joseph A. Catrambone, President

4-20-00

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 Delete
 NAME **PT**
FREEMAN, REBECCA K
 STREET ADDRESS **1939 S. FEDERAL HWY.**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME **Past Chairman**
FREEMAN, REBECCA
 STREET ADDRESS **1939 S. Federal Hwy.**
 CITY-ST-ZIP **Stuart, FL**

TITLE Delete
 NAME **VPT**
TURNER, BONNY L
 STREET ADDRESS **U.S. #1 & COLORADO**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME **VICE CHAIRMAN ELECT**
TURNER, BONNY L
 STREET ADDRESS **U.S. #1 & COLORADO**
 CITY-ST-ZIP **STUART, FL**

TITLE Delete
 NAME **VPET**
BARLETTA, TONY
 STREET ADDRESS **2881 S.E. OCEAN BLVD.**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME **CHAIRMAN**
BARLETTA, TONY
 STREET ADDRESS **2881 S.E. OCEAN BLVD.**
 CITY-ST-ZIP **STUART FL**

TITLE Delete
 NAME **PP**
POWERS, STEPHEN J.
 STREET ADDRESS **24113 SW LOVE CT**
 CITY-ST-ZIP **PALM CITY FL**

TITLE Change Addition
 NAME **VICE CHAIRMAN**
LACONIE, PATRICK
 STREET ADDRESS **P.O. BOX 3003**
 CITY-ST-ZIP **STUART FL**

TITLE Delete
 NAME **VP**
DANIEL, KARLIN
 STREET ADDRESS **50 SE KINDRED ST, SUITE 103**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME **VICE CHAIRMAN**
KINANE, TIMONIHY
 STREET ADDRESS **310 DENVER AVE.**
 CITY-ST-ZIP **STUART, FL**

TITLE Delete
 NAME **EVP**
CATRAMBONE, JOSEPH A.
 STREET ADDRESS **1650 S. KANNER HWY**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME **PRESIDENT**
CATRAMBONE, JOSEPH A.
 STREET ADDRESS **1650 S. KANNER HWY**
 CITY-ST-ZIP **STUART, FL**

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: *Joseph A. Catrambone*
 Joseph A. Catrambone, President

4-20-00

(561) 287-1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)