

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754370

1. Entity Name

LEHIGH ACRES CHAMBER OF COMMERCE, INC.

Principal Place of Business

4109 LEE BLVD.
LEHIGH ACRES FL 33971
US

Mailing Address

P.O. BOX 757
LEHIGH ACRES FL 33971
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

59-1731367

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

OSTROWSKI, STEPHANIE
4109 LEE BLVD
LEHIGH ACRES FL 33971

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

After September 12, 2001, min. will be \$236.25

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

TITLE PD
NAME VEALEY, PATTY MATHNEY
STREET ADDRESS 1110 HOMESTEAD RD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE DVP
NAME CULVER, VICKI
STREET ADDRESS 9 HOMESTEAD RD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE ED
NAME OSTROWSKI, STEPHANIE
STREET ADDRESS 4109 LEE BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE PDE
NAME BAGANS, ROB
STREET ADDRESS 30 COLORADO ROAD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE TD
NAME MICHAEL BUKOWSKI
STREET ADDRESS 25 HOMESTEAD RD. N
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Change ☒ Addition

TITLE VPD
NAME TOM ERRICO
STREET ADDRESS 25 HOMESTEAD RD. N
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ 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:

STEPHANIE A. OSTROWSKI 8/8/01 941-361-3300

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90005 043 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)