

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0055791

**DOCUMENT # 764599**

04-01-2002 90043 038 \*\*\*\*61.25

1. Entity Name

**KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE, IN C.**

Principal Place of Business

Mailing Address

1425 E VINE ST  
 KISSIMMEE FL 34744

1425 E VINE ST  
 KISSIMMEE FL 34744

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

**59-0319865**

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

**HORNER, MIKE**  
**1425 E VINE ST**  
**KISSIMMEE FL 34744**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COOPER, MARY</b>
STREET ADDRESS	<b>1650 S'POINCIANA BLVD</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GOODWIN, LINDA</b>
STREET ADDRESS	<b>931 W OAK STREET</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>TOMPkins, TOM</b>
STREET ADDRESS	<b>1731 BOGGY CREEK ROAD</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SMALLWOOD, ED</b>
STREET ADDRESS	<b>817 BILL BECK BLVD.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BETTCHER, MEL</b>
STREET ADDRESS	<b>6375 W IRLO BRONSON MEM HWY</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MERCER, ATLEE</b>
STREET ADDRESS	<b>705-A OAK STREET</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>

TITLE	<b>Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larry Walter</b>
STREET ADDRESS	<b>400 W. Emmett Street</b>
CITY-ST-ZIP	<b>Kissimmee, FL 34744</b>
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tom Lewis</b>
STREET ADDRESS	<b>P. O. Box 10,000</b>
CITY-ST-ZIP	<b>Lake Buena Vista, FL 32830</b>
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jim Welsh</b>
STREET ADDRESS	<b>P. O. Box 423219</b>
CITY-ST-ZIP	<b>Kissimmee, FL 34742</b>
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ken Shipley</b>
STREET ADDRESS	<b>1101 E. Donegan Avenue</b>
CITY-ST-ZIP	<b>Kissimmee, FL 34744</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)