2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am³ Secretary of State DOCUMENT # 765960 1. Entity Name GREATER WINTER HAVEN CHAMBER OF COMMERCE, INC. 05-14-2001 90195 035 ****61.25 Principal Place of Business Mailing Address 401 AVE B NW PO BOX 1420 ハヘエハTリ WINTER HAVEN FL 33882-1420 WINTER HAVEN FL 33881-4606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0514473 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Ree Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GERNERT, BOB E JR 401 AVE B NW WINTER HAVEN FL 33881 Zip Code City 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE PRESTDENT-ELECT Change Delete TITLE NAME MARK TURNER LIBBY, DAVID NAME 255 MAGNOLTA AVE SW STREET ADDRESS 200 AVE F NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, FL 33880-2902 WINTER HAVEN FL Delete Change FIRST VICE PRESIDENT TITLE RICHARDSON, CHARLES NAME NAME BRAD DANTZLER STREET ADDRESS STREET ADDRESS 12 GOLFVIEW NE 310 300 ST-NW-CITY-ST-ZIP CITY-ST-ZIE LITUTER HAVEN, FL WINTER HAVEN FL 33880 Addition Delete Change D TITLE TREASURER TITLE HONEYCUTT, THARON NAME HOWARD BECKERT NAME STREET ADDRESS 525 POPE AVE NW STREET ADDRESS 455 6TH ST., NW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881-4061 WINTER HAVEN, FL Change ☐ Addition PED TITLE ☐ Delete TITLE NAME EZELL, WAYNE NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1440 CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33882-1440 ☐ Change ☐ Addition TITLE Delete TITLE NAME GERNERT, BOB JR NAME STREET ADDRESS STREET ADDRESS 401 AVE B NW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881-4606 ☐ Change ☐ Addition TITI F Delete TITLE CLEAVES, JUDY B NAME NAME STREET ADDRESS 311 THIRD ST., NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881-4001 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

with all other like empower

SIGNATURE: 🔏

SIGNATURE AND TYPED OR PRINTED IN ANE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #