

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767304

1. Entity Name

PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90009 033 ****61.25

Principal Place of Business

15500 PERIDIO KEY DR
PENSACOLA FL 32507
US

Mailing Address

P.O. BOX 34052
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2993049

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHASE, JAMES L.
101 EAST GOVERNMENT STREET
PENSACOLA FL 32501

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 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GILCHRIST, JOE	
STREET ADDRESS	17401 PERDIDO KEY DR	
CITY-ST-ZIP	PERDIDO KEY FL 32507	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCGREEVY, MARTY	
STREET ADDRESS	17400 PERDIDO KEY DR	
CITY-ST-ZIP	PERDIDO KEY FL 32507	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REMINICK, JOANN	
STREET ADDRESS	14110 OERDUDI JET DRUVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, PEGGY	
STREET ADDRESS	5151 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEDES, DEBBIE	
STREET ADDRESS	16281 PERDIDO KEY DRI E	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	STROMQUIST, BILL	
STREET ADDRESS	6263 LAGO VISTA CT	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, DAN	
STREET ADDRESS	1742 BEACHSIDE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, LISA	
STREET ADDRESS	5596 GRANDE LAGOON COURT	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUNKYO, ROBIN	
STREET ADDRESS	3876 SAILWIND DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, SARA REBECCA	
STREET ADDRESS	16293 PERDIDO KEY DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, FARR	
STREET ADDRESS	14795 PERDIDO KEY DRIVE B-9	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROMQUIST, Bill	
STREET ADDRESS	9890 NORTH LOOP RD # 516	
CITY-ST-ZIP	PENSACOLA, FL 32507	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Bill Stromquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 SEP 2000 (850) 492-4660

CR2E037 (5/00)