## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 24, 2001 8:00 am § Secretary of State DOCUMENT # 767304 1. Entity Name 08-24-2001 90005 003 \*\*\*\*61.25 PERDIDO KEY AREA CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 15500 PERIDIO KEY DR P.O. BOX 34052 C0075648 PENSACOLA FL 32507 PENSACOLA FL 32507 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-2993049 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee 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) C≰ISE, JAMES L. 10 EAST GOVERNMENT STREET PENSACOLA FL 32501 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CHAIRMANS/DIRECTOR Delete TITLE ☐ Addition TITLE SAVAGE, DAN GILCHRIST, JOE NAME NAME 1742 BEACHSIDE DK. STREET ADDRESS STREET ADDRESS 17401 PERDIDO KEY DR CITY-ST-ZIP CITY-ST-ZIP RUSACO/A, FL. 32506 PERDIDO KEY FL 32507 VICE CHAIRMAN / DIRECTOR TITLE ■ Delete TITLE NAME MCGREEVY, MARTY NAME SNEILGROVE, ROBERT STREET ADDRESS STREET ADDRESS 5736 GRANDE LAGOON BLUD PENSACOLA, FL 32507 17400 PERDIDO KEY DR CITY-ST-ZIP CITY-ST-ZIP? PERDIDO KEY FL 32507 SECRETARY / DIRECTOR Change ☐ Addition TITLE Delete TITLE WALKER, PEGGY NAME REMINICK, JOANN NAME 13835 JOHNSON BEACH Rd. STREET ADDRESS STREET ADDRESS 14110 OERDUDI JET DRUVE CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP PENSACOLA FL TREASUREL IDIRECTOR Change ☐ Addition Delete TITLE TITLE NAME BAIN, SARA NAME **BUTLER, PEGGY** 16298 PERDIDOKEY DL. \*B STREET ADDRESS 5151 CHOCTAW AVE STREET ADDRESS CITY-ST-ZIP PENSACOIA, FL 32507 CITY-ST-ZIP PENSACOLA FL Change ☐ Addition TITLE DIRCCTOR Delete TITLE DURANT, LISA SEDÉS. DEBBIE NAME NAME 596 GRANDELAGOON CT. STREET ADDRESS STREET ADDRESS 16281 PERDIDO KEY DRI E CITY-ST-ZIP CITY-ST-ZIP PENSACOLA,FL 32507 PENSACOLA FL ☐ Addition PRESIDENT/DIRECTOR Change TITLE ED Delete TITLE NAME STROMQUIST, BILL NAME STROMQUIST, BILL STREET ADDRESS STREET ADDRESS 6263 LAGO VISTA CT 9890 NONTHLOOP Rd CITY-ST-ZIP CITY-ST-7IP PCNSACOIA 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.