

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90022 010 \*\*\*\*61.25

**DOCUMENT # 767304**

1. Entity Name

**PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

15500 PERIDIO KEY DR  
 PENSACOLA FL 32507  
 US

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

Zip

Country

Zip

Country

4. FEI Number

**59-2993049**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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 **CD** ☒ Delete  
 NAME **SAVAGE, DAN**  
 STREET ADDRESS **1742 BRANCHSIDE DRIVE**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **PRESIDENT DIRECTOR** ☒ Change ☐ Addition  
 NAME **WATERS, DEBORAH**  
 STREET ADDRESS **6200 DON CARLOS DR**  
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **VCD** ☒ Delete  
 NAME **SNELGROVE, ROBERT**  
 STREET ADDRESS **5736 GRANDE LAGOON BLVD.**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **VICE PRESIDENT DIRECTOR** ☒ Change ☐ Addition  
 NAME **STEWART, DAVID**  
 STREET ADDRESS **14110 PERDIDO KEY DRIVE**  
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **SD** ☐ Delete  
 NAME **WALKER, PEGGY**  
 STREET ADDRESS **13335 JOHNSON BEACH RD**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **SECRETARY DIRECTOR** ☐ Change ☐ Addition  
 NAME **WALKER, PEGGY**  
 STREET ADDRESS **13335 JOHNSON BEACH RD**  
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **TD** ☐ Delete  
 NAME **BAIN, SARA**  
 STREET ADDRESS **16293 PERDIDO KEY DRIVE # B**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TREASURER DIRECTOR** ☐ Change ☐ Addition  
 NAME **BAIN, SARA**  
 STREET ADDRESS **16293 PERDIDO KEY DRIVE # B**  
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **D** ☐ Delete  
 NAME **DURANT, LISA**  
 STREET ADDRESS **5596 GRANDE LAGOON CT**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DIRECTOR** ☐ Change ☐ Addition  
 NAME **DURANT, LISA**  
 STREET ADDRESS **5596 GRANDE LAGOON CT**  
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **PD** ☒ Delete  
 NAME **STROMQUIST, BILL**  
 STREET ADDRESS **9890 NORTH LOOP RD**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **EXECUTIVE DIRECTOR CEO** ☒ Change ☐ Addition  
 NAME **STROMQUIST, BILL**  
 STREET ADDRESS **5731 DUNCAN AVE**  
 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 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:

**BILL STROMQUIST CEO 5 SEPT 2002 850 492 4660**

CR2E037 (4/02)