2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90075 044 ****61.25

DOCUMENT # 767325

1. Entity Name

GREATER CHIEFLAND AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
17 N MAIN ST CHIEFLAND FL 32644 US	PO BOX 1397 CHIEFLAND FL 32644 US

DO NOT WRITE IN THIS SPACE

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 59-2458568 ☐ 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
BEAUCHAMP, ROBERT 105 E PARK AVE CHIEFLAND FL 32626	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	P	☐ Delete	TITLE	President	☑ Change ☐ Addition
NAME	MICHAELIS, MIKE		NAME	Tracy Hebron	
STREET ADDRESS	8730 NW 173RD STREET		STREET ADDRESS	1105 NW 23 Avenue, Suite A	
CITY-ST-ZIP	FANNING SPRINGS FL 32693		CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	VP	☐ Delete	TITLE	Vice-President	☑ Change ☐ Addition
NAME	HEBRON, TRACY		NAME	Gray Drummond	
STREET ADDRESS	110 NW 23RD AVE., SUITE A		STREET ADDRESS	1627 N. Young Blvd.	
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	T	☐ Delete	TITLE	Treasurer	☑ Change ☐ Addition
NAME	DRUMMOND, GRAY		NAME	Dale Bowen	
STREET ADDRESS	1627 N. YOUNG BLVD		STREET ADDRESS	624 W. Park Avenue	
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	S	☐ Delete	TITLE	Secretary	☐ Change ☐ Addition
NAME	BELL, KIMBERLY		NAME	Kimberly Bell	
STREET ADDRESS	116 N. MAIN STREET		STREET ADDRESS	116 N. Main Street	
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP	Chiefland, FL 32626	
TITLE	D	☑ Delete	TITLE	Director	☑ Change ☐ Addition
NAME	ALEXANDER, ROB		NAME	Mike Michaelis	
STREET ADDRESS	P.O. BOX 1910 (NO HWY 19)&32644		STREET ADDRESS	8730 NW 173rd Street	
CITY-ST-ZIP	CHIEFLAND FL		CITY-ST-ZIP	Fanning Springs, FL 32693	
TITLE	D	☑ Delete	TITLE	Director	☑ Change ☐ Addition
NAME	HENDERSON, ADAM		NAME	Stewart Wasson	
STREET ADDRESS	P.O. BOX 1340 (13 E PARK AVE)&32644		STREET ADDRESS	2012 N. Young Blvd.	
CITY-ST-ZIP	CHIEFLAND FL 32626		CITY-ST-ZIP	Chiefland, FL 32626	

CR2E037 (9/01)

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: Tracy Hebron Tracy Hebron, President 4/26/02 (352)493-1849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #