

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90015 034 ****61.25

DOCUMENT # 768069

1. Entity Name

FROSTPROOF AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

118 EAST WALL ST
 FROSTPROOF FL 33843
 US

% R.E. BACKUS
 47 W. WALL ST.
 FROSTPROOF FL 33843-2041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2319193

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

BACKUS, R. E.
33 WEST F ST
FROSTPROOF FL 33843

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	D	<input type="checkbox"/> Delete
NAME	FUTRAL, W.J.	
STREET ADDRESS	317 SUNSET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROPER, JOHN	
STREET ADDRESS	23 SHARON	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, WILLIAM R	
STREET ADDRESS	1893 N. LAKE REEDY BLVD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CURRAN, JIM	
STREET ADDRESS	512 N SCENIC HWY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, ESTELLE	
STREET ADDRESS	109 N SCENIC HWY	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WATERS, RALPH	
STREET ADDRESS	21 S SCENIC HWY	
CITY-ST-ZIP	FROSTPROOF FL 33843	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger, John	
STREET ADDRESS	23 Sharon	
CITY-ST-ZIP	Frostproof, Fla. 33843	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Jeff	
STREET ADDRESS	500 S. Lake Reedy Blvd,	
CITY-ST-ZIP	Frostproof, Fla. 33843	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waters, Ralph	
STREET ADDRESS	21 S. Scenic Hwy.	
CITY-ST-ZIP	Frostproof, Fla. 33843	

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:

R.E. Backus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000
 Date

863-635-7134
 Daytime Phone #

CPRE037 (9/99)



DO NOT WRITE IN THIS SPACE