

# UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90154 045 \*\*\*\*61.25

<b>DOCUMENT # 768069</b>			
1. Entity Name <b>FROSTPROOF AREA CHAMBER OF COMMERCE, INC.</b>			
Principal Place of Business <b>118 EAST WALL ST FROSTPROOF FL 33843 US</b>		Mailing Address <b>PO BOX 968 FROSTPROOF FL 33843</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>59-2319193</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BACKUS, R. E. 33 WEST F ST FROSTPROOF FL 33843</b>		7. Name and Address of New Registered Agent Name: <b>Stella C. Heath</b> Street Address (P.O. Box Number is Not Acceptable): <b>118 East Wall Street</b> City: <b>Frostproof</b> FL Zip Code: <b>33843</b>	
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: <i>Stella C. Heath</i>		SIGNATURE: <i>Stella C. Heath</i>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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: <b>D</b>	<b>FUTRAL, W.J.</b>	TITLE: <b>SULLIVAN, Estelle</b>	<b>President</b>
STREET ADDRESS: <b>317 SUNSET</b>		STREET ADDRESS: <b>109 N. Scenic Hwy</b>	
CITY-ST-ZIP: <b>FROSTPROOF FL 33843</b>		CITY-ST-ZIP: <b>Frostproof, FL 33843</b>	
TITLE: <b>D</b>	<b>ROGER, JOHN</b>	TITLE: <b>LISA L. HOOD</b>	<b>Treasurer</b>
STREET ADDRESS: <b>23 SHARON</b>		STREET ADDRESS: <b>10 C ST.</b>	
CITY-ST-ZIP: <b>FROSTPROOF FL 33843</b>		CITY-ST-ZIP: <b>Frostproof, FL 33843</b>	
TITLE: <b>D</b>	<b>MCDONALD, WILLIAM R</b>	TITLE: <b>MICHAEL HADDEN</b>	<b>Secretary</b>
STREET ADDRESS: <b>1893 N. LAKE REEDY BLVD</b>		STREET ADDRESS: <b>511 Wood Ave.</b>	
CITY-ST-ZIP: <b>FROSTPROOF FL</b>		CITY-ST-ZIP: <b>Frostproof FL 33843</b>	
TITLE: <b>VD</b>	<b>CURRAN, JIM</b>	TITLE: <b>Baxter Troutman</b>	<b>Vice President</b>
STREET ADDRESS: <b>512 N SCENIC HWY</b>		STREET ADDRESS: <b>318 Kendall Drive</b>	
CITY-ST-ZIP: <b>FROSTPROOF FL 33843</b>		CITY-ST-ZIP: <b>Winter Haven FL 33884</b>	
TITLE: <b>P</b>	<b>BROWN, JEFF</b>	TITLE: <b>HILGENTZEN V.</b>	<b>President</b>
STREET ADDRESS: <b>500 S LAKE REEDY BLVD</b>		STREET ADDRESS: <b>One Bracres Lane</b>	
CITY-ST-ZIP: <b>FROSTPROOF FL 33843</b>		CITY-ST-ZIP: <b>Frostproof FL 33843</b>	
TITLE: <b>D</b>	<b>WATERS, RALPH</b>	TITLE: <b>Ralph Waters D.</b>	
STREET ADDRESS: <b>21 S SCENIC HWY</b>		STREET ADDRESS: <b>335 West F St.</b>	
CITY-ST-ZIP: <b>FROSTPROOF FL 33843</b>		CITY-ST-ZIP: <b>Frostproof, FL 33843</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Stella C. Heath</i>		SIGNATURE: <i>Stella C. Heath</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>4/27/01</b>	

CR20037 (10/00)