## **2001 UNIFORM BUSINESS REPORT (UBR)**

TO TO THE OBJECT OF THE OBJECT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 24, 2001 8:00 am s Secretary of State DOCUMENT # N0000003234 1. Entity Name SEMINOLE COUNTY/LAKE MARY REGIONAL CHAMBER OF CO 04-24-2001 90256 023 \*\*\*\*70.00 Mailing Address Principal Place of Business 230 N. WESTMONTE DRIVE 230 N. WESTMONTE DRIVE **SUITE 1974 SHITE 1974** ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 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 3646781 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER MA. Street Address (P.O. Box Number is Not Acceptable) PARKER, DIANE <u>Westmonte</u> 230 N. WESTMONTE DRIVE **SUITE 1974** City ALTAMONTE SPRINGS FL 32714 Altamonte Springs 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE NAME NAME PARKER, DIANE STREET ADDRESS STREET ADDRESS 230 N. WESTMONTE DRIVE CITY-ST-7IP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** Addition Delete ア/で Change TITI F Dove Kruson GALLOGLY, DAN NAME NAME 1151 COVEWOOD TRAIL STREET ADDRESS STREET ADDRESS 230 N. WESTMONTE DRIVE CITY-ST-7IP CITY-ST-ZIP MAITLAND FL 32751 ALTAMONTE SPRINGS FL 32714 DITIS EUGENE ANDERSON Change Addition Delete TITLE TITLE CHOCOLA, SUSAN NAME NAME LUCENT TECHNOLUGIES STREET ADDRESS 901 N. LAKE DESTINY ROAD STREET ADDRESS 230 N. WESTMONTE DRIVE CITY-ST-7IP CITY-ST-ZIP MAITUND, FL 32751 ALTAMONTE SPRINGS FL 32714 Addition Delete ☐ Change TITLE TITLE D WILLIAM STANGE NAME NAME GREEN, TOM ADMIRALTY BANK STREET ADDRESS SUITE 100 STREET ADDRESS 605 CRESCENT EXECUTIVE CT. S. ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 OPLANDO, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE KIRBY, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 222 S. WESTMONTE DR. CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Delete TITLE Change ☐ Addition TITLE NAME HERBENAR, MARTIN W NAME STREET ADDRESS STREET ADDRESS 845 SUNSHINE LANE CITY-ST-ZIP CITY-ST-7IP **ALTAMONTE SPRINGS FL 32714** 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.