## 2003 NOT-FOR-PROFIT CORPORATION

## Jan 21, 2003 8:00 am 😉 **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N00000003234 01-21-2003 90567 005 \*\*\*\*70.00 SEMINOLE COUNTY/LAKE MARY REGIONAL CHAMBER OF CO MMERCE, INC. Principal Place of Business Mailing Address 40000bJh 725 PRIMERA BLVD 725 PRIMERA BLVD 100 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3646781 Applied For City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, DIANE Street Address (P.O. Box Number is Not Acceptable) 725 PRIMERA BLVD 100 LAKE MARY FL 32746 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition PARKER, DIANE NAME NAME 230 N. WESTMONTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP Delete ☐ Change TITLE TITLE LYNN OWEN MYERS, TIM 206 HILLCREST ST NAME **400 PARK AVEUE SOUTH** STREET ADDRESS STREET ADDRESS ORLANDO FL 32802 ----WINTER PARK FL" 32789 CITY-ST-ZIP\* CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE ANDERSON, EUGENE NAME NAME STREET ADDRESS 901 N. LAKE DESTINY ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Da ☐ Delete TITLE ☐ Addition TITLE GLAZIER, STEVE NAME NAME STREET ADDRESS 555 W STATE ROAD 434 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP

12. Thereby 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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□ Delete

Delete

1-10-03 407-333-4748
Date Daytime Phone #

☐ Change

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Addition

FILED