

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28227

1. Entity Name

ORMOND BEACH CHAMBER OF COMMERCE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90146 022 ****61.25

Principal Place of Business

Mailing Address

165 W. GRANADA BLVD.
 ORMOND BCH. FL 32174
 US

P.O. BOX 874
 ORMOND BEACH FL 32175-0874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0618671

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

FARMER, PEGGY H
165 W. GRANADA BLVD.
ORMOND BEACH FL 32174

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	VCD	<input checked="" type="checkbox"/> Delete
NAME	LOHMAN, NANCY	
STREET ADDRESS	733 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONNORS, KEVIN	
STREET ADDRESS	23 COOLIDGE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	MD	<input type="checkbox"/> Delete
NAME	FARMER, PEGGY H	
STREET ADDRESS	165 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BCH. FL 32174	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	DISCH, BRAD	
STREET ADDRESS	58 E. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MECKLEM, CHUCK	
STREET ADDRESS	299 NORTH NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	RIVERS, RICK	
STREET ADDRESS	321 N. US HWY ONE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lohman, Nancy	
STREET ADDRESS	733 W. Granada Blvd.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wood, Charles David	
STREET ADDRESS	444 Seabreeze Blvd	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Galloway, G.G.	
STREET ADDRESS	140 S. Atlantic Ave	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Pat	
STREET ADDRESS	875 Sternhans Ave	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Quinn, Tom	
STREET ADDRESS	763 W. Granada Blvd	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mecklem, Chuck	
STREET ADDRESS	1060 W. Internat'l Speedway Blvd	
CITY-ST-ZIP	Daytona Bch, FL 32114	

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: *Peggy H. Farmer* **3/29/2000** 904-677-3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 1 0517 0000