

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 OCT - 1 PM 2:32

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # N32683

1. Entity Name
GREATER LAKE PLACID CHAMBER OF COMMERCE, INC.

Principal Place of Business
18 N OAK STREET
LAKE PLACID FL 33852
US

Mailing Address
18 N OAK STREET
LAKE PLACID FL 33852
US

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-1026434** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOWMAN, JOEL P
18 N OAK STREET
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent
Name **Jeanne Warner**
Street Address (P.O. Box Number is Not Applicable)
2203 US 27 N
City **Lake Placid** FL Zip Code **33852**

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 *Jeanne Warner* DATE **9/11/01**

FILE NOW: FEE **\$61.25** After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete P TALLET, JOHN 7 LYNES ROAD LAKE PLACID FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Jeanne Warner COLWELL BANKER 2203 US 27 N LAKE PLACID FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D LOWMAN, JOEL P 18 N OAK STREET LAKE PLACID FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director CLAUDIA BISHOP BIG LAKE BANK 199-69-27 N LAKE PLACID FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SO HANEL JAN 133 MYRTLE BUSH LANE VENUS FL 33960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREAS HIM SAPP BUSINESS MANUS SHREWER 401 PALM HALL BLVD LAKE PLACID FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VPD WARNER, JEANNE 2203 US 27 N LAKE PLACID FL 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: *SIGNATURE REDACTED* DATE: **7/20/01 (REV) 465-1234**

Handwritten notes:
MM/01
5907.25, 2001
Asst