

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90105 032 ****61.25

DOCUMENT # N94000003476

1. Entity Name

NEWBERRY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

25355 WEST NEWBERRY RD
 NEWBERRY FL 32669
 US

P.O. BOX 495
 NEWBERRY FL 32669-0495

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3253711

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESPESS, ROBERT D
25355 WEST NEWBERRY ROAD
NEWBERRY FL 32669

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	C <input type="checkbox"/> Delete
NAME	GLANZER, JOY
STREET ADDRESS	25255 WEST NEWBERRY RD
CITY-ST-ZIP	NEWBERRY FL
TITLE	D <input type="checkbox"/> Delete
NAME	PICKETT, ANDRIANNE
STREET ADDRESS	25220 WEST NEWBERRY RD
CITY-ST-ZIP	NEWBERRY FL
TITLE	T <input type="checkbox"/> Delete
NAME	RESPESS, ROBERT D
STREET ADDRESS	25355 WEST NEWBERRY RD
CITY-ST-ZIP	NEWBERRY FL
TITLE	D <input type="checkbox"/> Delete
NAME	LONGSTRETH, JOAN B
STREET ADDRESS	1203 SW 250TH STREET
CITY-ST-ZIP	NEWBERRY FL
TITLE	D <input type="checkbox"/> Delete
NAME	COLEMAN, JACK
STREET ADDRESS	171 SW 250TH ST
CITY-ST-ZIP	NEWBERRY FL
TITLE	D <input type="checkbox"/> Delete
NAME	SANDERS, SID
STREET ADDRESS	25355 WEST NEWBERRY RD
CITY-ST-ZIP	NEWBERRY FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Robert D. Respass* **Robert D. Respass, Treasurer**

2/24/00

352-472-5434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)