

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90069 027 ****61.25

0021377

DOCUMENT # N94000003476

1. Entity Name

NEWBERRY CHAMBER OF COMMERCE, INC.

Principal Place of Business

**25355 WEST NEWBERRY RD
 NEWBERRY FL 32669
 US**

Mailing Address

**P.O. BOX 495
 NEWBERRY FL 32669**

700524



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

59-3253711

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

**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

TITLE **C** ☐ Delete
 NAME **GLANZER, JOY**
 STREET ADDRESS **25255 WEST NEWBERRY RD**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **D** ☐ Delete
 NAME **PICKETT, ANDRIANNE**
 STREET ADDRESS **25220 WEST NEWBERRY RD**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **T** ☐ Delete
 NAME **RESPESS, ROBERT D**
 STREET ADDRESS **25355 WEST NEWBERRY RD**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **D** ☐ Delete
 NAME **LONGSTRETH, JOAN B**
 STREET ADDRESS **1203 SW 250TH STREET**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **D** ☐ Delete
 NAME **COLEMAN, JACK**
 STREET ADDRESS **171 SW 250TH ST**
 CITY-ST-ZIP **NEWBERRY FL**

TITLE **D** ☐ Delete
 NAME **SANDERS, SID**
 STREET ADDRESS **25355 WEST NEWBERRY RD**
 CITY-ST-ZIP **NEWBERRY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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: **RESPESS, ROBERT D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Date

(352) 472-5434

Daytime Phone #

CR2E037 (10/00)