

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # N97000004171**

1. Entity Name

**PALM HARBOR CHAMBER OF COMMERCE FOUNDATION, INC.**

Principal Place of Business

1151 NEBRASKA AVE  
 PALM HARBOR FL 34683  
 US

Mailing Address

1151 NEBRASKA AVE  
 PALM HARBOR FL 34683-4032  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3484438**

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

**BLENNER, WALT**  
**STE. 701, 2708 ALTERNATE 19 N.**  
**PALM HARBOR FL 34683**

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  Delete  
 NAME **D SHIKARPURI, SHAN**  
 STREET ADDRESS **33920 US 19 N, #290**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE  Change  Addition  
 NAME **President, Director Shan Shikarpuri**  
 STREET ADDRESS **33920 US 19 N #290**  
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE  Delete  
 NAME **D PELUSO, KEN**  
 STREET ADDRESS **36949 US 19 N**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE  Change  Addition  
 NAME **Secretary, Director Ken Peluso**  
 STREET ADDRESS **36949 U.S. 19 N.**  
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE  Delete  
 NAME **D FISCHER, RODNEY**  
 STREET ADDRESS **30031 US 19 N**  
 CITY-ST-ZIP **PALM HARBOR FL 33761**

TITLE  Change  Addition  
 NAME **Vice President, Director Rodney Fischer**  
 STREET ADDRESS **30031 U.S. 19 N.**  
 CITY-ST-ZIP **Palm Harbor, FL 33761**

TITLE  Delete  
 NAME **D MARTIN, RICHARD**  
 STREET ADDRESS **30826 US 19 N**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE  Change  Addition  
 NAME **Treasurer, Director Richard Martin**  
 STREET ADDRESS **30826 U.S. 19 N.**  
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE  Delete  
 NAME **D MAHORNEY, KARYN J**  
 STREET ADDRESS **1027 NEBRASKA AVE**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE  Change  Addition  
 NAME **Director Karyn J. Mahorney**  
 STREET ADDRESS **1027 Nebraska Ave**  
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/19/00**

Date

**727 934 7602**

Daytime Phone #

CR2E037 (9/99)

**LS**