

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90028 027 ****70.00

DOCUMENT # N99000006380

1. Entity Name

THE PALM BAY AREA CHAMBER OF COMMERCE FOUNDATION

Principal Place of Business

Mailing Address

1153 MALABAR ROAD NE, STE 18
 PALM BAY FL 32907

1153 MALABAR ROAD NE, STE 18
 PALM BAY FL 32907-3264

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

59-3612933

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

SIMON, HENRY
 1153 MALABAR ROAD NE, STE 18
 PALM BAY FL 32907

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	CD	<input checked="" type="checkbox"/> Delete
NAME	NUNGESSER, GARY T	
STREET ADDRESS	2115 PALM BAY ROAD NE, STE 2E	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOMONOUSKY, NANCY	
STREET ADDRESS	1400 PALM BAY ROAD NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHERYL	
STREET ADDRESS	1766 CANOVA STREET SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMON, HENRY	
STREET ADDRESS	1153 MALABAR ROAD NE, STE 18	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLGOOD, NOEL C	
STREET ADDRESS	438 MARTIN ROAD SE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	WILSON, WILLIAM	
STREET ADDRESS	1153 MALABAR ROAD NE, STE 18	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Torpy, Richard E.	
STREET ADDRESS	202 N. Harbor City Blvd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	Nungesser, Gary T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2115 Palm Bay Road NE, #2E	
STREET ADDRESS	Palm Bay, FL 32905	
CITY-ST-ZIP		
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Skip Allgood (Noel C.)	
CITY-ST-ZIP	438 Martin Road	
	Palm Bay, FL 32909	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron DuBois	
STREET ADDRESS	420 Cobblewood Drive	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Domonousky, Nancy	
STREET ADDRESS	1400 Palm Bay Road NE	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherbin, Stephen	
STREET ADDRESS	120 West Eau Gallie Blvd., #A	
CITY-ST-ZIP	Melbourne, FL 32905	

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:

SIGNATURE *RE Gary T. Nungesser*

April 28, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/95)