

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709243

1. Entity Name

FLORIDA CHAMBER OF COMMERCE, INC.

Principal Place of Business

136 SO. BRONOUGH STREET  
TALLAHASSEE FL 32302

Mailing Address

PO BOX 11309  
TALLAHASSEE FL 32302-3309  
US

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

59-0248200

Applied For

Not Applicable

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

CASSELS, LEON H.  
136 S. BRONOUGH ST.  
TALLAHASSEE FL 32301

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 P ☐ Delete  
NAME RYLL, FRANK M. JR  
STREET ADDRESS 136 SO. BRONOUGH ST  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE T ☐ Delete  
NAME CASSELS, LEON H.  
STREET ADDRESS 136 S BRONOUGH ST.  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☒ Delete  
NAME BEALL, ROBERT M. II  
STREET ADDRESS 1806 38TH AVE EAST  
CITY-ST-ZIP BRADENTON FL 34208

TITLE D ☐ Change ☒ Addition  
NAME Jenkins, Leerie  
STREET ADDRESS 4651 Salisbury Road, #400  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☒ Delete  
NAME GOODE, R. RAY  
STREET ADDRESS 3600 N.W. 82 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Change ☒ Addition  
NAME Lacher, Joseph  
STREET ADDRESS 150 W. Flager Street, #1901  
CITY-ST-ZIP Miami, FL 33130

TITLE D ☒ Delete  
NAME CARPENTER, EDDIE  
STREET ADDRESS 1375 BUENA VISTA TDN 400  
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE D ☐ Change ☒ Addition  
NAME Hudson, Sherrill  
STREET ADDRESS 200 S. Biscayne Boulevard, #400  
CITY-ST-ZIP Miami, FL 33131

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)(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: *Leon H. Cassels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

Date

850-521-1211

Daytime Phone #

CR2E037 (9/99)