

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 598791**

1. Entity Name

FLORIDA CHAMBER OF COMMERCE MANAGEMENT, INC.**FILED**
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90242 044 ***150.00

Principal Place of Business

Mailing Address

**136 S. BRONOUGH ST.
TALLAHASSEE FL 32301-7706****P O BOX 11309
TALLAHASSEE FL 32302-3309
US**

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

59-2008306

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

**CASSELS, LEON H
136 S BRONOUGH STREET
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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	RYLL FRANK M JR	136 S BRONOUGH	TALLAHASSEE, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	CASSELS LEON	136 S. BRONOUGH ST.	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	TOLLERTON, JAMES	PO BOX 1059 N/A	SARASOTA FL	<input checked="" type="checkbox"/>	D	Caldwell, William	756 Beachland Boulevard	Vero Beach, FL 32963	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	ELISCU, ANDREA	1477 W. FAIRBANKS AVE., #100	WINTER PARK FL	<input checked="" type="checkbox"/>	D	Houck, Keith	201 E. Pine Street, #1200	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ANTHONY, CLARENCE E	800 FAIRWAY BEACH, #350	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>	D	Marchant, Jim	100 West Lucerne Circle #500	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon H. Cassels, Treasurer 4/3/2000 850-521-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)