

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90017 046 ****61.25

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DOCUMENT # N03885

1. Entity Name

GULFPORT CHAMBER OF COMMERCE, INC.

Principal Place of Business

**5720 A GULFPORT BLVD. S.
 GULFPORT FL 33707
 US**

Mailing Address

**PO BOX 5212
 GULFPORT FL 33737
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**REISEN, MARIANNE CPA
 6219 14TH ST., S.
 GULFPORT FL 33707**

7. Name and Address of New Registered Agent

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 **ED** ☐ Delete
 NAME **HUIZENGA, ROY**
 STREET ADDRESS **2836 BEACH BLVD S**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **TD** ☐ Delete
 NAME **REISEN, MARIANNE CPA**
 STREET ADDRESS **6219 14TH ST., S.**
 CITY-ST-ZIP **GULFPORT FL**

TITLE **SD** ☒ Delete
 NAME **WEST DUPES**
 STREET ADDRESS **5812 28TH AVE S**
 CITY-ST-ZIP **GULFPORT FL**

TITLE **P** ☐ Delete
 NAME **66MCCHESNEY, RICK**
 STREET ADDRESS **5014 GULFPORT BLVD**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **VP** ☐ Delete
 NAME **HOMAN, BERNADETTE**
 STREET ADDRESS **1414 59TH STREET S.**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2202-57th St. So.**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6219-14th Ave. So.**
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **HELEN ADORNATO**
 STREET ADDRESS **5810 28th Ave. So.**
 CITY-ST-ZIP **GULFPORT, FL. 33707**

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

TITLE ☐ Change ☐ Addition
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANNE REISEN 3-5-02 (727) 384-3941

Date

Daytime Phone #

CR2E037 (9/01)