2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#714220

FILED Apr 16, 2003 Secretary of State

Entity Name: FLORIDA CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
	NOUGH ST SSEE, FL 3230	017706						
Current Mailing Address:				New Mailing Address:				
P. O. BOX TALLAHAS	11309 SSEE, FL 3230	023309 US						
FEI Number: 59-6209605 FEI Number Applied For() FEI N			FEI Numbe	umber Not Applicable () Certificate of Status Desired ()				
Name and	Address of C	urrent Registered Agent:	Na	ame and	Address of	New Regi	istered Age	nt:
TALLAHAS The above	DNOUGH ST SSEE, FL 3203	31 US submits this statement for the	purpose of cł	nanging it	s registered	office or re	egistered age	ent, or both,
SIGNATUF	RE:							
Electronic Signature of Registered Agent						I	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	RYLL, FRANK M 136 S. BRONOU TALLAHASSEE, EVP () CASSELS, LEO 136 S. BRONOU TALLAHASSEE, T () CASSELS, LEO 136 S. BRONOU TALLAHASSEE, D () DAVIS, PAMELA 12425 28TH ST	JGH ST FL 00000, Delete N JGH ST. FL Delete N H JGH ST. FL 32301 Delete A REET NORTH # 103	Add Cit Na Add Cit Titl Na Add Cit Titl Na Add	me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: le: me: dress:	EVP (CASSELS, LI 136 S. BRON TALLAHASSE	OUGH ST.) Addition) Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	D ()	REET, 11TH FLOOR	Titl Na Add	y-St-Zip: le: me: dress: y-St-Zip:	(()Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON H. CASSELS T 04/16/2003