

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90492 014 \*\*\*\*61.25

**DOCUMENT # N28227**

**1. Entity Name**  
**ORMOND BEACH CHAMBER OF COMMERCE, INC.**



**Principal Place of Business**  
165 W. GRANADA BLVD.  
ORMOND BCH. FL 32174  
US

**Mailing Address**  
~~P.O. BOX 674~~ 165 W Granada Blvd  
ORMOND BEACH FL 32175  
32174

**2. Principal Place of Business**

**3. Mailing Address**  
165 W. Granada Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**  
Ormond Beach, FL

**4. FEI Number** 59-0618671

**Applied For**  
☐ Not Applicable

**Zip** **Country**  
32174 Volusia

**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**

**FARMER, PEGGY H**  
165 W. GRANADA BLVD.  
ORMOND BEACH FL 32174

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Peggy Farmer*  
Signature, typed or printed name of registered agent and title if applicable.

*Peggy Farmer*  
(NOTE: Registered Agent signature required when reinstating)

*4/18/03*  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	LOHMAN, NANCY
<b>STREET ADDRESS</b>	733 W. GRANADA BLVD.
<b>CITY-ST-ZIP</b>	ORMOND BEACH FL 32174
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	FRASER, RICK
<b>STREET ADDRESS</b>	9 AVIATOR WAY
<b>CITY-ST-ZIP</b>	ORMOND BEACH FL 32174
<b>TITLE</b>	<b>MD</b> <input type="checkbox"/> Delete
<b>NAME</b>	FARMER, PEGGY H
<b>STREET ADDRESS</b>	165 W. GRANADA BLVD.
<b>CITY-ST-ZIP</b>	ORMOND BCH. FL 32174
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	HARRIS, MERLE
<b>STREET ADDRESS</b>	360 S YOUNGE STREET
<b>CITY-ST-ZIP</b>	ORMOND BEACH FL 32174
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	Jim Coffield
<b>STREET ADDRESS</b>	2922 Howland Blvd #3
<b>CITY-ST-ZIP</b>	Deltone, FL 32725
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	Larry Garafolo
<b>STREET ADDRESS</b>	454 S. Yonge St.
<b>CITY-ST-ZIP</b>	Ormond Beach, FL 32174

<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Mark Blanford
<b>STREET ADDRESS</b>	1020 W. Granada Blvd
<b>CITY-ST-ZIP</b>	Ormond Beach, FL 32174
<b>TITLE</b>	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Rick Fraser
<b>STREET ADDRESS</b>	1901 mason Ave. #110
<b>CITY-ST-ZIP</b>	Daytona Beach, FL 32117
<b>TITLE</b>	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Dilys Harris
<b>STREET ADDRESS</b>	360 S. Yonge St
<b>CITY-ST-ZIP</b>	Ormond Beach, FL 32174
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Peggy Farmer* *4/18/03* 386-677-3454

CR2E037 (10/02)