

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90189 018 ****61.25

DOCUMENT # 700884

1. Entity Name

HAINES CITY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

HIGHWAY 27, NORTH
 P.O. BOX 986
 HAINES CITY FL 33845-0986

HIGHWAY 27, NORTH
 P.O. BOX 986
 HAINES CITY FL 33845-0986

00066383



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

59-0585597

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

CUNNINGHAM, LORI
908 US HWY 27 N
P O BOX 986
HAINES CITY FL 33844

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	VD	<input type="checkbox"/> Delete
NAME	BROADWAY, DENNIS	
STREET ADDRESS	PO BOX 337	
CITY-ST-ZIP	HAINES CITY FL 33845	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOVELACE, JOYCE	
STREET ADDRESS	PO BOX 188	
CITY-ST-ZIP	HAINES CITY FL 33845	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VANDIVER, JEFF	
STREET ADDRESS	5665 CYPRESS GARDENS RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAHAFFEY, BOB	
STREET ADDRESS	1615 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LEE, DR. ERNIE E	
STREET ADDRESS	41 N 20TH ST #17	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURCHFIELD, RON	
STREET ADDRESS	902 US HWY 27 N	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Broadway, Dennis	
STREET ADDRESS	P.O. Box 337, Haines City, FL 33845	
CITY-ST-ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lang, Frank	
STREET ADDRESS	P.O. Box 246, Lake Alfred, FL 33850	
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vandiver, Jeff	
STREET ADDRESS	5665 Cypress Gardens Rd, W.H. 33884	
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mahaffey, Bob	
STREET ADDRESS	1615 US Hwy. 27 N, Davenport, FL	
CITY-ST-ZIP		33837
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ison, Jennifer	
STREET ADDRESS	99 US Hwy. 17-92, Haines City, FL	
CITY-ST-ZIP		33844
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burchfield, Ron	
STREET ADDRESS	902 US Hwy. 27 N, Haines City, FL	
CITY-ST-ZIP		33844

CR2037 (10/00)

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]* SIGNATURES REQUIRED

4/25/01

863-422-3751