2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90373 049 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0585597 ☐ Applied For ☐ Not Applicable

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROADWAY, DENNIS PO BOX 337 HAINES CITY FL 33845	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Kathy Prince 125 E. Graham Park Dr. Haines City Fl 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LANG, FRANK PO BOX 246 LAKE ALFRED FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Frank Lang P.O. Box 246, Lake Alfred, FL 33850	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VANDIVER, JEFF 5665 CYPRESS GARDENS RD WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Jeff Vandiver 5665 Cypress Gardens Blvd., WH, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAHAFFEY, BOB 1615 US HWY 27 N DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lori Cunningham P.O. Box 986, Haines City, FL 33845	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ISON, JENNIFER 99 US HWY 17-92 HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURCHFIELD, RON 902 US HWY 27 N HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Lori Cunningham 4/12/02 863-422-3751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #