

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

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

0013698

09-12-2003 90102 049 \*\*\*\*61.25

**DOCUMENT # 700884**

1. Entity Name

**HAINES CITY CHAMBER OF COMMERCE, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**35610 HIGHWAY 27**

3. Mailing Address

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE ~~STD~~  Delete  
NAME **PRINCE, KATHY**  
STREET ADDRESS **125 E GRAHAM PARK DR**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **LANG, FRANK**  
STREET ADDRESS **PO BOX 246**  
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **VD**  Change  Addition  
NAME **E.M. "JIM" CAMPBELL**  
STREET ADDRESS **201 AVE. G. SW.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **PD**  Delete  
NAME **VANDIVER, JEFF**  
STREET ADDRESS **5665 CYPRESS GARDENS RD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **SD**  Change  Addition  
NAME **ROBERT CAMPBELL**  
STREET ADDRESS **105 MCKAY DRIVE**  
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **D**  Delete  
NAME **CUNNINGHAM, LORI**  
STREET ADDRESS **PO BOX 986**  
CITY-ST-ZIP **HAINES CITY FL 33845**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VD~~  Delete  
NAME **ISON, JENNIFER**  
STREET ADDRESS **99 US HWY 17-92**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **PD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **BURCHFIELD, RON**  
STREET ADDRESS **902 US HWY 27 N**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD**  Change  Addition  
NAME **RENEE STOVALL**  
STREET ADDRESS **1108 PENINSULAR DR.**  
CITY-ST-ZIP **HAINES CITY, FL 33844**

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 REQUIRED**  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/03 863-422-3751**  
Date Daytime Phone #

CR2E037 (4/03)