## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

## Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # 701594** 03-07-2002 90042 004 \*\*\*\*61.25 GREATER LANTANA CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 212 IRIS AVENUE 212 IRIS AVENUE LANTANA FL 33462-3219 LANTANA FL 33462-3219 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 56-0961687 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MICALLEF, MICHAEL 212 IRIS AVENUE LANTANA FL 33462 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. XX Delete ☐ Change ☐ Addition **VPD** TITLE TITLE NAME NAME ROCK, BONNIE STREET ADDRESS STREET ADDRESS 140 PALM CIRCLE CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Delete XX Change ☐ Addition TITLE Treasurer/Director TITLE NAME MICALLEF, MICHAEL NAME 1189 Hypoluxo Road STREET ADDRESS STREET ADDRESS 6756 BROOKHUST CIRCLE سرہ سعدد 33462ھ Lantana, FL CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463\* ☐ Addition ☐ Change TITLE TITLE XX Delete NAME NAME OTIS, PAMELA STREET ADDRESS STREET ADDRESS 302 BEACH CURVE RD CITY-ST-ZIP CITY-ST-7IP <u>Lantana FL 33462</u> President/Director XXT Change ☐ Addition TITLE ☐ Delete TITLE Lisa Matthews NAME NAME STREET ADDRESS 6400 Hypoluxo Road STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Worth, FL 33463 Vice President/Director XX Change ☐ Addition ☐ Delete TITLE NAME Ron Washam STREET ADDRESS STREET ADDRESS 109 East Coast Ayenue Hypoluxo, FL 33462 CITY-ST-ZIP CITY-ST-ZIP Secretary/Director XX Change Addition TITLE ☐ Delete TITLE Karen Miller NAME NAME 7580 South Federal Highway STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hypoluxo, FL 33462 12. Thereby 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 duste employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

MICHAEL MICALLEF 2-15-02 (SGI) 585-8'664