

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703450

1. Entity Name

ISLAMORADA CHAMBER OF COMMERCE, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90089 019 *****61.25

Principal Place of Business

83272 OVERSEAS HWY
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 915
ISLAMORADA FL 33036

2. Principal Place of Business

83274 OVERSEAS HWY.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1031258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITNEY, NANCY
83272 OVERSEAS HWY
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

83274 OVERSEAS HWY.

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

TITLE PD
NAME BAHN, CARLA L
STREET ADDRESS PO BOX 318
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

TITLE TD
NAME THOMSON, TOM
STREET ADDRESS P O BOX 1413 N/A
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

TITLE SD
NAME HODGETTS, STUART
STREET ADDRESS PO BOX 469
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

TITLE VD
NAME PADGETT, HUNTER
STREET ADDRESS PO BOX 1000
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

TITLE VD
NAME LOHM, DAVID
STREET ADDRESS PO BOX 1099
CITY-ST-ZIP TAVERNIER FL 33070 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PADGETT, HUNTER
STREET ADDRESS PO BOX 1000
CITY-ST-ZIP ISLAMORADA FL 33036 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME PADGETT, JACKSON
STREET ADDRESS PO BOX 527
CITY-ST-ZIP ISLAMORADA FL 33036 ☒ Change ☐ Addition

TITLE VD
NAME HODGETTS, STUART
STREET ADDRESS P.O. BOX 469
CITY-ST-ZIP ISLAMORADA FL 33036 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers or directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-02 (305)664-4483

CR2E037 (9/01)