## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am Secretary of State DOCUMENT # 704230 1. Entity Name 05-02-2002 90095 021 \*\*\*\*61.25 GREATER PLANTATION CHAMBER OF COMMERCE, INC. Mailing Address Principal Place of Business 7401 NW 4TH ST INW 4TH ST PLANTATION FL 33317 **ANTATION FL 33317** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0977809 Not Applicable \$8.75 Additional Country Country 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) SINIAWSKY, JEFFERY 300 NW 82 AVE بالمحيوج ميوا مرساء والمنافع والمنافع والمنافع والمنافع المنافع المنافع والمنافع والمن #505 Zip Code FL PLANTATION FL 33324 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) Make Check Payable to Flection Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Change Addition TITLE ☐ Delete TITLE CAROL PERMITTINER 311 N. JAIVERSITY DR. EDWARDS, SIOBHAN NAME NAME STREET ADDRESS 7401 NW 4TH ST STREET ADDRESS PLANTATION, FL 33324 PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILLIAMS, DOUGLAS NAME NAME STREET ADDRESS 7401-NW 4TH ST. STREET ADDRESS CITY-ST-ZIP **PLANTATION FL** CITY-ST-ZIP Change ☐ Addition COB Delete Director. TITLE TITLE SIMMONS. SIMMONS, BARBARA NAME NAME MYOINWYStreet STREET ADDRESS 7401 NW 4TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition Change ☐ Delete TITLE TITLE MCKENZIE, CATHY NAME NAME STREET ADDRESS 740f NW 4TH ST.\*\* STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANTATION FL. Addition Change ☐ Delete TITLE TITLE LAYSTROM, BILL NAME NAME STREET ADDRESS STREET ADDRESS 1177 S.E. 3 AVE. CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 (954)587-1410

**FILED**