

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90533 039 \*\*\*\*61.25

**DOCUMENT # 706191**

1. Entity Name

**GADSDEN COUNTY CHAMBER OF COMMERCE, INC.**



Principal Place of Business

**203 E JEFFERSON STREET  
QUINCY FL 32353**

Mailing Address

**203 E JEFFERSON STREET  
QUINCY FL 32353**

2. Principal Place of Business

**208 North Adams Street**

Suite, Apt. #, etc.

3. Mailing Address

**208 North Adams Street**

Suite, Apt. #, etc.

City & State

**Quincy FL**

City & State

**Quincy FL**

Zip

**32351**

Country

**USA**

Zip

**32315**

Country

**USA**

4. FEI Number **59-0558449**

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

**VANLANDINGHAM, SHERRY  
203 E JEFFERSON STREET  
QUINCY FL 32351**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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**

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

TITLE **D** ☐ Delete  
NAME **BERT, NICK**  
STREET ADDRESS **103 WEST 7TH AVE**  
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **D** ☐ Delete  
NAME **HOLCOMB, JAMES**  
STREET ADDRESS **107 W FRANKLIN STREET**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **D** ☐ Delete  
NAME **MOORE, ROY**  
STREET ADDRESS **1509 W JEFFERSON STREET**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **D** ☐ Delete  
NAME **Mark Lane**  
STREET ADDRESS **4 East Washington Street**  
CITY-ST-ZIP **Quincy FL 32351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-03 (850) 627-9231**

Date

Daytime Phone #

CR2E037 (10/02)