2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # 707495** 1. Entity Name GREATER LARGO CHAMBER OF COMMERCE INC 02-03-2001 90043 020 ****61.25 Principal Place of Business Mailing Address 151 3RD ST. NW P.C. BOX 326 **LARGO FL 33770** LARGO FL 33770 TODATEGOT: 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0703345 Not Applicable -- Zip ---_Country ~-----Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANSFIELD, MARC 151 3RD ST. NW **LARGO FL 33770** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE Delete TITLE ☐ Change ★ Addition C NAME PAREKH, RAMESH NAME Sue Osborne STREET ADDRESS 2700 EAST BAY DRIVE, #107 STREET ADDRESS 10621 117th. Dr., N CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 Largo, FL 33773 TITLE С Delete TITLE Change Addition NAME **BOLLENBACK, MICHAEL** NAME STREET ADDRESS 1006 PINELLAS ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE T TITLE Delete Change ★ Addition NAME MORGAN, DR DON NAME Ward Johansen STREET ADDRESS 320 N INDIAN ROCKS RD STREET ADDRESS 350 East Bay Drive CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** Largo, FL 33770 ☐ Delete TITLE ☐ Change Addition KASLANDER, PAUL NAME Keith Bailey STREET ADDRESS 2401 WEST BAY DR. #430 STREET ADDRESS 8500 UYmerton Road CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 Largo, FL 33771 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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,

727-584-2321

FILED