## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2002 8:00 am Secretary of State **DOCUMENT # 707495** 03-05-2002 90104 006 \*\*\*\*61 25 GREATER LARGO CHAMBER OF COMMERCE INC Principal Place of Business Mailing Address P.O. BOX 326 151 3RD ST. NW LARGO FL 33770 LARGO FL 33770 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-0703345 Not Applicable Country \$8.75 Additional Country Zin 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) MANSFIELD, MARC 151 3RD ST. NW **LARGO FL 33770** City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition <u>6</u> Deleta TITLE TITLE OSBORNE, SUE NAME NAME 10621 117TH DR. N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE MORGAN, DR DON NAME NAME 320 N INDIAN ROCKS RD STREET ADDRESS STREET ADDRESS BELLEAIR BLUFFS FL 33770 CITY-ST-ZIP CITY-ST-ZIP Change : ☐ Addition TITLE ☐ Delete TITLE CHAIRMAN-ELECT JOHANSEN-WARD सरधा 350 EAST BAY DRIVE STREET ADDRESS STREET ADDRESS LARGO FL 33770 CITY-ST-ZIP CITY-ST-ZIP PD CHAIRMAN Change ☐ Addition ☐ Delete TITLE TITLE BAILEY, KETTH NAME NAME 8500 ULMERTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP ☐ Change **Addition** TITLE Delete TITLE HELEN RIMENSNYDER NAME NAME STREET ADDRESS STREET ADDRESS 350 BAIT BAY DR. CITY-ST-ZIP ARBO, FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE CURT CHAMBERS NAME NAME IEBA HIGHLAND AVE. STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE:

CLEARWATER, FL 33756

2-18-0Z

727-584-2321

Davtime Phone #

**FILED**