

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 709023**

1. Entity Name

THE CHAMBER; DAYTONA BEACH & HALIFAX AREA**FILED**
Jun 19, 2002 8:00 am
Secretary of State

05-19-2002 90039 006 ****61.25

000112

Principal Place of Business Mailing Address

126 E ORANGE AVE.
P.O. BOX 2475
DAYTONA BEACH FL 32114-4406

126 E ORANGE AVE.
P.O. BOX 2475
DAYTONA BEACH FL 32114-4406

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0215990** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRABAL, GEORGE
126 E ORANGE AVE.
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	LANSBERRY, BLAINE	NAME	
STREET ADDRESS	126 E ORANGE AVE.	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	RITCHEY, GLENN	NAME	
STREET ADDRESS	126 E ORANGE AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	PT	TITLE	
NAME	MIRABEL, GEORGE	NAME	
STREET ADDRESS	126 EAST ORANGE AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE		TITLE	PD
NAME		NAME	Paul Claire
STREET ADDRESS		STREET ADDRESS	126 E Orange Ave
CITY-ST-ZIP		CITY-ST-ZIP	Daytona Bch FL 32114
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8, 2002 386-255-0981

Date

Daytime Phone #

CR2E037 (9/01)