2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90047 007 ****61.25

DOCUMENT # 711385

1. Entity Name

INDIANTOWN WESTERN MARTIN COUNTY CHAMBER OF COMM

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15655 S.W. OSCEOLA ST. INDIANTOWN FL 34956 US	P.O. BOX 602 INDIANTOWN FL 34956-0602 US

2. Principal Place of Business	3. Mailing Address
15885 S.W. Warfield.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indiantaon, FL	City & State
Zip: 34956 Country: U.S.A.	Zip / Country

4. FEI Number: 59-2058229 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ROSSANA 15655 SW OSCEOLA ST. INDIANTOWN FL 34956	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: Rossana Gonzalez. DATE: 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, ANDREW 15950 SW KANNER HWY INDIANTOWN, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POWERS, BRIAN 16600 SW WARFIELD BLVD. INDIANTOWN FL-34956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARTWRIGHT, MICHELLE 9601 S.W. FOX BROWN RD. INDIANTOWN FL 34956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ROSSANA 15655 S.W. OSCEOLA ST. INDIANTOWN FL 34956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BYNUM, BLAIR 8601 S.W. HOPWOOD AVE. INDIANTOWN FL 34956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, BRIAN 16600 SW WARFIELD BLVD. INDIANTOWN FL 34956	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Lindsay 1401 S.E. Monterey Rd. Stuart, FL 34994	☐ Change ☒ Addition

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: Rossana Gonzalez. REQUIRED — 4/20/00 — 561-597-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #