2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 711385

1. Entity Name
INDIANTOWN WESTERN MARTIN COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
15885 S.W. WARFIELD	P.O. BOX 602
INDIANTOWN FL	INDIANTOWN FL
34956 US	34956 US

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 59-2058229 ☐ 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	Name: GONZALEZ ROSSANA
15655 SW OSCEOLA ST.	Street Address (P.O. Box Number is Not Acceptable): 15885 S.W. WARFIELD
INDIANTOWN FL 34956	City: INDIANTOWN FL Zip Code: 34956

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 _____ 04/30/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS BRIAN 16600 SW WARFIELD BLVD. INDIANTOWN FL 34956	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LINDSAY JOHN 5 MI NORTH IND, SR710 INDIANTOWN FL 34956	☒ 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	PP BYNUM BLAIR 19200 SW WARFIELD BLVD INDIANTOWN FL 34956	☒ 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	D GONZALEZ ROSSANA 15885 WARFIELD BLVD INDIANTOWN FL 34956	☒ 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	SD SIEFKER MICHELLE 9601 S.W. FOX BROWN RD. INDIANTOWN FL 34956	☒ 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	VP HARRISON BECKY 8601 HOPWOOD AVENUE INDIANTOWN FL 34956	☒ Change ☐ Addition
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	P POWERS BRIAN 16600 SW WARFIELD BLVD INDIANTOWN FL 34956	☒ Change ☐ Addition

CR2E037 (11/00)

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 D 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #