

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90110 018 \*\*\*\*61.25

**DOCUMENT # 717721**

1. Entity Name

**MARIANNA CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

JACKSON COUNTY CHAMBER OF COMMERCE  
 2928 JEFFERSON ST.  
 MARIANNA FL 32446  
 US

P.O. BOX 130  
 MARIANNA FL 32447  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**4318 Lafayette St.**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0344533**

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

Name

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

City

**FL**

Zip Code

JACKSON COUNTY CHAMBER OF COMMERCE  
~~2928 JEFFERSON ST~~ **4318 Lafayette St.**  
 MARIANNA FL 32446

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: Re: stated 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

TITLE	C	<input type="checkbox"/> Delete
NAME	ROTOLO, PHIL	
STREET ADDRESS	P.O. BOX 974	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MCQUAGGE, BILL	
STREET ADDRESS	P.O. BOX 130	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, LOUY	
STREET ADDRESS	P.O. BOX 936	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOWERS, ED	
STREET ADDRESS	4721 PENN AVE.	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBBY	
STREET ADDRESS	P.O. BOX 246	
CITY-ST-ZIP	MARIANNA FL 32477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIRT, HOMER	
STREET ADDRESS	P.O. BOX 709	
CITY-ST-ZIP	SNEADS FL 32460	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Past Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Jim Hart - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>7371 Cox Road</b>	
STREET ADDRESS	<b>BASCOM, FL 32423</b>	
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:

**C.W. McQuagge, Pres + CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**4/26/01 (850) 482-8061**

Date

Daytime Phone

CR2E037 (10/00)