

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90202 023 ****61.25

DOCUMENT # 717721

1. Entity Name

MARIANNA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**JACKSON COUNTY CHAMBER OF COMMERCE
4318 LAFAYETTE STREET
MARIANNA FL 32446
US**

**P.O. BOX 130
MARIANNA FL 32447
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0344533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACKSON COUNTY CHAMBER OF COMMERCE
4318 LAFAYETTE STREET
MARIANNA FL 32446**

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 ☐ Delete
NAME **PC**
STREET ADDRESS **ROTOLO, PHIL**
CITY-ST-ZIP **P.O. BOX 974
MARIANNA FL 32447**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PCEO**
STREET ADDRESS **MCQUAGGE, BILL**
CITY-ST-ZIP **P.O. BOX 130
MARIANNA FL 32447**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HARRIS, LOUY**
CITY-ST-ZIP **P.O. BOX 936
MARIANNA FL 32447**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **TORI OLIVER**
CITY-ST-ZIP **4280 JEFFERSON ST, STE. C
MARIANNA, FL 32446**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JOWERS, ED**
CITY-ST-ZIP **4721 PENN AVE.
MARIANNA FL 32448**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **KENNY GRIFFIN**
CITY-ST-ZIP **4636 HWY 90 STE. E
MARIANNA, FL 32446**

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **ROBERTS, ROBBY**
CITY-ST-ZIP **P.O. BOX 246
MARIANNA FL 32477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HART, JIM**
CITY-ST-ZIP **7371 COX ROAD
BASCAM FL 32423**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **KEITH WILLIAMS**
CITY-ST-ZIP **4648 HWY 90 E
MARIANNA, FL 32446**

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 an other like endorsement.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

(850) 482-8061

Daytime Phone #

CR2E037 (9/01)