

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90032 034 \*\*\*\*61.25

**DOCUMENT # 717758**

1. Entity Name

**SANFORD/SEMINOLE COUNTY CHAMBER OF COMMERCE, INC**

Principal Place of Business

Mailing Address

400 E. FIRST STREET  
 SANFORD FL 32771

400 E. FIRST STREET  
 SANFORD FL 32771-1408

2. Principal Place of Business

3. Mailing Address

*Same as Above*

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0440968**

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

**ROSE, RONALD**  
**400 E. FIRST STREET**  
**SANFORD FL 32771**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STAIRS, HELEN</b>	
STREET ADDRESS	<b>101 W. FIRST STREET</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, LINDA</b>	
STREET ADDRESS	<b>3675 S. ORLANDO DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOODRICH, SARAH J</b>	
STREET ADDRESS	<b>200 TOWN CENTER DRIVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FITZGERALD, BERNIE</b>	
STREET ADDRESS	<b>201 E. 1ST STREET</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, BRUCE REV.</b>	
STREET ADDRESS	<b>301 S. OAK AVENUE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWANN, RICHARD</b>	
STREET ADDRESS	<b>312 W. 1ST STREET</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>Robert Parsell</b>	
STREET ADDRESS	<b>207 E. 25th Street</b>	
CITY-ST-ZIP	<b>Sanford FL 32771</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>Jeff Triplett</b>	
STREET ADDRESS	<b>65 North Orange Ave</b>	
CITY-ST-ZIP	<b>Orlando FL 32801</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>Brian Volk</b>	
STREET ADDRESS	<b>531 N. Palmetto Ave</b>	
CITY-ST-ZIP	<b>Sanford FL 32771</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
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]*  
**RONALD E ROSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-19-00**

Date

**407.322.2212**

Daytime Phone #