## 2000 UNIFORM BUSINESS REPORT (UBR)

### **DOCUMENT # 717758**

1. Entity Name

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

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

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

Principal Place of Business		Mailing Address						
400 E. FIRST STREET		400 E. FIRST STREET						
SANFORD FL 32771		SANFORD FL 32771-1408		1	-	= :		
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2. Principal Place of Business		3. Mailing Address						
Same as Above		Same as above			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			., , , , , , , , , , , , , , , , , , ,
Suite, Apt. #, etc.		Suite, Apt. #, etc.		}	DO NOT WRITE	E IN THIS SPAC	CE	
City & State		City & State		4. FEI Numi	4. FEI Number 59-0440968			oplied For
Zip Country		Zip Country		5. Certificat	e of Status Desired		.75 Ade	
6. Name	and Address of Current R	egistered Agent		7. Name an	d Address of New Re	gistered Age	nt	• • •
			Name			•		
ROSE, RONALD 400 E. FIRST STREET SANFORD FL 32771		Street Address		ddress (P.O. Box Numi	per is Not Acceptable)			
			City	<del>,</del>		FL	Zip Cod	le
A 171		No.		registered exect, or b	ath in the state of Elect			
8. The above named entity	y submits this statement for i	the surpose of changing its r	registered office or	registered agent, or b	oth, in the state of Flor	iua.		
257 €		D	, _ D	)	A (	10 0		
SIGNATURE			UD E.R			-19-0	<u>'O</u> _	
Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE:	: Registered Agent signatu	ure required when reinstating)		DATE		
,								
FILE NOW:				\$5.00 May Be		Check Pay		>
FEE IS	\$61.25	Trust Fund Contribu	ition. · 🗆	Added to Fees	Dep	artment of	State	
10.	OFFICERS AND DIRE	<u> </u>						
TITLE P		CTORS	11.	ADDITIONS/C	HANGES TO OFFICER	S AND DIREC	TORS IN	10
	OF HOLHO AND BINE		11.	P	HANGES TO OFFICER		TORS IN	√ 10 □ * : : "".
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NAME STAIRS, H	ielen RST street		TITLE NAME	Probert Po 201 E. 25th Santond FL	insell Street			C *****
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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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

SIGNATURE: 9