FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 17, 2002 8:00 am DOCUMENT # 717758 Secrétary of State 1. Entity Name 03-05-2002 90140 043 ****61.25 SANFORD/SEMINOLE COUNTY CHAMBER OF COMMERCE, INC 07-17-2002 90123 018 ****61.25 Principal Place of Business Mailing Address 400 E. FIRST STREET 400 E. FIRST STREET SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0440968 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DOOF-ROWER. 400 E. FIRST STREET E. FIRST STRECT SANFORD FL 32771 8. The above named entity submile this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. ame of registered agent and title if applicable 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-11. Audition Delete TR TITLE TITLE VOIK, BRIAN 531 N. PAIMETTO AUE NAME JOHNSON: LINDA NAME STREET ADDRESS STREET ADDRESS 3675-S-ORLANDO DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN FORD, Fl 32771 SANFORD FL 32773 ☐ Delete TITS F Change Lewis, MARK" TRIPLETT, JEFF NAME 1535 CHERRY TAKE WAY STREET ADDRESS STREET ADDRESS 413 W 1ST STREET CITY-ST-ZIP SANFORD FL-32771-HEATHROW, FI ☐ Delete TITLE ☐ Addition TRIPLEH, JEFF 413 W 1st Street NAME VOLK, BRIAN-STREET ADDRESS STREET ADDRESS 531 N PALMETTO AVE CITY-ST-ZIP CITY-ST-ZIP SANFORD, FI 32771 SANFORD FL-32771 Delete Addition VC TITLE Wilkor, DIANE 765 BIG TREED TIVE ☐ Change NAME NAME WEINBERG, ALICE STREET ADDRESS STREET ADDRESS PO BOX 951209 CITY-ST-ZIP CITY-ST-7IP Longwood, Fl 32750 LAKE MARY FL 32795-1209

SANFORD FL 32771 12. I hereby certify that the information supplied with the 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 employered 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 ith all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GIRARDILEO

1351 WOOD DING AUE

DE (+UNA, F1 32725

SIGNATURE: X

SCOTT. BRUCE REV.

301 S. OAK AVENUE

<u>Sanford FL 32771</u>

-101-A-W-FIRST-STREET

STAIRS, MIKE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TRE REQUIRED

☐ Defete

Delete

407-322-2212

☐ Change

Addition

Addition