

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90206 031 ****61.25

DOCUMENT # 717758



1. Entity Name
SANFORD/SEMINOLE COUNTY CHAMBER OF COMMERCE, INC

Principal Place of Business
**400 E. FIRST STREET
SANFORD FL 32771**

Mailing Address
**400 E. FIRST STREET
SANFORD FL 32771**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

**GORDON, ANGELIA
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, MARK 1555 CHERRY LAKE WAY LAKE MARY FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Krimelman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 205 N. Elm Ave Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPLETT, JEFF <input type="checkbox"/> Delete 413 W 1ST STREET SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VOLK, BRIAN <input checked="" type="checkbox"/> Delete 531 N PALMETTO AVE SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Gierach <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 W. FULTON ST. Sanford, FL 32772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKOX, DIANE <input checked="" type="checkbox"/> Delete 765 BIG TREE DRIVE LONGWOOD FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Osborne <input type="checkbox"/> Change <input type="checkbox"/> Addition 1741 Missouri Ave. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, BRUCE REV. <input type="checkbox"/> Delete 301 S. OAK AVENUE SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIARD, LEO <input checked="" type="checkbox"/> Delete 1351 WOODBINE AVE DELFONIA FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Kohn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 305 So. Palmetto Ave Sanford, FL 32771

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 REQUIRED**

5/1/03 **407-322-2212**

CR2E037 (10/02)