

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90071 030 \*\*\*\*61.25

**DOCUMENT # 717975**

1. Entity Name

**DUNDEE CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 241  
DUNDEE FL 33838

P. O. BOX 241  
DUNDEE FL 33838-0241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2759164**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KITTO, JILL**  
**1020 U.S. HWY. 27 NORTH**  
**DUNDEE FL 33838**

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 **P KITTO, JILL**  
STREET ADDRESS **1020 U.S. HWY 27 NORTH**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Dianne Hurst**  
CITY-ST-ZIP **P. O. Box 1000**  
**Dundee, FL 33838**

TITLE ☒ Delete  
NAME **D HUGHES, HOWARD**  
STREET ADDRESS **311 3RD ST N.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☒ Addition  
NAME **D Glenn Cline**  
STREET ADDRESS **900 Ingraham Avenue**  
CITY-ST-ZIP **Haines City, FL 33844**

TITLE ☐ Delete  
NAME **D FOSTER, TODD**  
STREET ADDRESS **222 STATE ROAD 60 EAST**  
CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE ☐ Change ☒ Addition  
NAME **D Mabel Cottrell**  
STREET ADDRESS **202 East Main Street**  
CITY-ST-ZIP **Dundee, FL 33838**

TITLE ☐ Delete  
NAME **D MALLERY, BOB**  
STREET ADDRESS **114 MAIN**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☒ Addition  
NAME **D Glenn Hammer**  
STREET ADDRESS **6141 Grand Oaks Drive S.E.**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☒ Delete  
NAME **D HEWITT, BILL**  
STREET ADDRESS **329 U.S. HWY 27 NORTH**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☒ Addition  
NAME **D Grant Huston**  
STREET ADDRESS **629 West Dundee Roae**  
CITY-ST-ZIP **Dundee, FL 33838**

TITLE ☐ Delete  
NAME **D HARDEE, M. G.**  
STREET ADDRESS **339 U.S. HWY 27 NORTH**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☒ Addition  
NAME **D Steve Parker**  
STREET ADDRESS **P. O. Box 973**  
CITY-ST-ZIP **Dundee, FL 33838**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jill Kitto** **JILL KITTO** **4/26/2000** **(863) 439-2041**