

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90170 040 \*\*\*\*61.25

**DOCUMENT # 717975**

1. Entity Name

**DUNDEE CHAMBER OF COMMERCE, INC.**



Principal Place of Business

**310 MAIN STREET  
DUNDEE FL 33838**

Mailing Address

**POST OFFICE BOX 241  
DUNDEE FL 33838**

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALLERY, ROBERT H  
114 MAIN STREET  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MALLERY, ROBERT H**  
STREET ADDRESS **114 MAIN STREET**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **PERCY, MELVIN E**  
STREET ADDRESS **304 SHEPARD AVENUE**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BREWER, CINDY**  
STREET ADDRESS **313 9TH STREET**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HOUSTON, GRANT**  
STREET ADDRESS **2780 LAKE PIERCE DR.**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CARDEN, MELINDA**  
STREET ADDRESS **403 ALLEN AVENUE**  
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COTTRELL, MABEL**  
STREET ADDRESS **552 HAMMOCK TRAIL**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition  
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:

**Robert H. Mallery**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03 (863) 439-3261**  
Date Daytime Phone #

CR2E037 (10/02)