2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **720610** May 17, 2000 8:00 am 1. Entity Name Secretary of State LAKE WALES AREA CHAMBER OF COMMERCE, INC 05-17-2000 90863 004 ****61.25 Mailing Address Principal Place of Business 340 WEST CENTRAL AVE. 340 WEST CENTRAL AVE. P. O. BOX 191 P. O. BOX 191 LAKE WALES FL. 33859-0191 LAKE WALES FL. 33859-7191 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-0324245 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ETHINGTON, EDWARD 340 WEST CENTRAL AVE. LAKE WALES FL 33853 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE TITLE MD5: ☐ Delete T/D::: NAME ETHINGTON, EDWARD NAME DWIGHT: REEVES: STREET ADDRESS STREET ADDRESS 1941 OAKLAND PARK DR O Tillman Ave E ke Wales, FL 33853 CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 **V/D** X Addition TITI F VD/ P ☐ Delete TITLE ☐ Change Betty Kabeller NAME LITTLETON, GREG NAME 440 Airport Road S. STREET ADDRESS STREET ADDRESS 1838 STATE RD 60-E CITY-ST-ZIP CITY-ST-ZIP Lake Wales, FL 33853 LAKE WALES FL 33853 V/D TITLE Delete TITLE Change X Addition NAME SALUD, VIOLETA NAME Bill Dickinson 1099 S R 60 E Lake Wales, F1 STREET ADDRESS STREET ADDRESS 1 WEST CENTRAL AVE CITY-ST-ZIP 33853 CITY-ST-ZIP LAKE WALES FL Addition ☐ Delete ☐ Change TITI F Bob Weikert NAME NAME STREET ADDRESS 1748 U.S. Highway 27 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> Lake Wales, FL 33853</u> Change X Addition TITI F ☐ Delete TITLE NAME ROBERT SULLIVAN NAME STREET ADDRESS TOWER BLVD N WALES, FL 33853 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition D/PP · . ☐ Change TITLE ☐ Delete TITLE NAME NAME TODD ERNEST STREET ADDRESS STREET ADDRESS 222 STATE ROAD 60 E CITY-ST-ZIP 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 eath; that I am an officer or director

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.