2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90354 016 ****61.25

DOCUMENT # 720610

1. Entity Name

LAKE WALES AREA CHAMBER OF COMMERCE,INC

Principal Place of Business	Mailing Address
340 WEST CENTRAL AVE. P. O. BOX 191 LAKE WALES FL 33859-7191	340 WEST CENTRAL AVE. P. O. BOX 191 LAKE WALES FL 33859-7191

DO NOT WRITE IN THIS SPACE

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 59-0324245 ☐ Applied For ☐ Not Applicable

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
ETHINGTON, EDWARD 340 WEST CENTRAL AVE. LAKE WALES FL 33853	Name Donna Franz Street Address (P.O. Box Number is Not Acceptable) 340 West Central Ave. City Lake Wales FL Zip Code 33853

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 Donna Franz, Donna Franz, Executive Dir. 1.29.02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MD ETHINGTON, EDWARD 1941 OAKLAND PARK DR LAKE WALES FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Ashley, Kevin 212 E. Stuart Avenue Lake Wales, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LITTLETON, GREG 1838 STATE RD 60-E LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DICKINSON, BILL 1099 SR 60 E LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SULLIVAN, ROBERT 1151 TOWER BLVD LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sullivan, Robert 1151 Tower Blvd. Lake Wales, FL 33853	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEIKERT, BOB 1748 US HWY 27 NORTH LAKE WALES FL 33853	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kay, Howard 813 E. State Road 60 Lake Wales, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Franz, Donna 100 El Camino Dr., unit 311 Winter Haven, FL 33884	☐ Change ☒ Addition

CR2E037 (9/01)

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: Donna Franz Donna Franz 3.14.02 (863)676-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #