

DOCUMENT # 721601
1. Entity Name
GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90093 016 ****61.25

Principal Place of Business
CHAMBER OF COMMERCE INC
64 SE FIFTH AVE
DELRAY BEACH FL 33483-5302

Mailing Address
CHAMBER OF COMMERCE INC
64 SE FIFTH AVE
DELRAY BEACH FLA 33483-5302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number
59-0581716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOOD, WILLIAM J.
64 SE 5TH AVE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
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

TITLE	D	NAME	SHEREMETA, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 SE 6TH AVE			
CITY-ST-ZIP	DELRAY BCH FL 33483			
TITLE	D	NAME	BROW, BONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	915 HIBISCUS LANE			
CITY-ST-ZIP	DELRAY BEACH FL			
TITLE	D	NAME	TITCOMB, JAMIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3842 OLD N DIXIE HWY			
CITY-ST-ZIP	DELRAY BEACH FL			
TITLE	C	NAME	MCKINNEY, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	72 SE 6TH AVE			
CITY-ST-ZIP	DELRAY BEACH FL 33483			
TITLE	DV	NAME	KIRK, ROGER	<input type="checkbox"/> Delete
STREET ADDRESS	2815 S. SEACREST BLVD			
CITY-ST-ZIP	BOCA RATON FL 33435			
TITLE	P	NAME	WOOD, WILLIAM J.	<input type="checkbox"/> Delete
STREET ADDRESS	64 SE 5TH AVE			
CITY-ST-ZIP	DELRAY BEACH FL			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	NAME	JEFFREY LEBOWITZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1801 S. FEDERAL HWY			
CITY-ST-ZIP	DELRAY BEACH FL 33483			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	D	NAME	JOSEPH P MOORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	161 NE 5TH AVE STE A			
CITY-ST-ZIP	DELRAY BEACH FL 33483			
TITLE	C	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 (561) 279-1380
Date Daytime Phone #

CR2E037 (9/99)