

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 721601

FILED
Apr 21, 2003
Secretary of State

Entity Name: GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

CHAMBER OF COMMERCE INC
64 SE FIFTH AVE
DELRAY BEACH, FL 334835302

New Principal Place of Business:

Current Mailing Address:

CHAMBER OF COMMERCE INC
64 SE FIFTH AVE
DELRAY BEACH, FL 334835302

New Mailing Address:

FEI Number: 59-0581716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, WILLIAM J.
64 SE 5TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEBOWITZ, JEFFREY
Address: 1801 S. FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BROW, BONNIE,
Address: 915 HIBISCUS LANE
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: MOORE, JOSEPH P
Address: 161 NE 5TH AVE STE A
City-St-Zip: DELRAY BEACH, FL 33483

Title: C () Delete
Name: REAGAN, NANCY
Address: 777 E ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: KIRK, ROGER
Address: 2815 S. SEACREST BLVD
City-St-Zip: BOCA RATON, FL 33435

Title: P () Delete
Name: WOOD, WILLIAM J.,
Address: 64 SE 5TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ELLIS, RITA
Address: 1900 MCNAB AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: MOORE, JOSEPH P
Address: 161 NE 5TH AVE STE A
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change () Addition
Name: REAGAN, NANCY
Address: 777 E ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J WOOD

P

04/21/2003

Electronic Signature of Signing Officer or Director

Date