

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725941

1. Entity Name

MOUNT DORA AREA CHAMBER OF COMMERCE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90147 014 ****70.00

Principal Place of Business 341 ALEXANDER STREET PO BOX 196 MOUNT DORA FL 32757-0196	Mailing Address 341 ALEXANDER STREET PO BOX 196 MOUNT DORA FL 32757-5541
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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 59-0369669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHALLERT, JON
 32040 CHEATNUT LANE
 SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name **T. Craig Willis**
 Street Address (P.O. Box Number is Not Acceptable)
341 Alexander Street
 City **Mt. Dora** **FL** Zip Code **32757**

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 *T. Craig Willis* **T. Craig Willis, Managing Director**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHALLERT, JON 32040 CHESTNUT LANE SORRENTO FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, GREG 18990 US 441 MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHALEY, PATRICIA 40 COVE LAND EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRUETZMACHER, GREG 15086 CLASSIQUE LN TAVERES FL 32778 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOAGLAND, JEAN 601 MCDONALD ST #108 MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESSINA, MARGO 3200 HWY 44B MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Louis Biron 18500, US 441 Mount Dora FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD John Keenon 7009 Pine Hollow Mt. Dora, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jean Hoagland 601 McDonald St. #108 Mt. Dora, FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rachael O'Ryan 523 N. Donnelly St. Mt. Dora, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *T. Craig Willis* **4/14/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #