

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 725941

FILED
Feb 14, 2002 8:00 AM
Secretary of State

Entity Name: MOUNT DORA AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

341 ALEXANDER STREET
PO BOX 196
MOUNT DORA, FL 327570196

New Principal Place of Business:

341 ALEXANDER STREET
MOUNT DORA, FL 327570

Current Mailing Address:

341 ALEXANDER STREET
PO BOX 196
MOUNT DORA, FL 327570196

New Mailing Address:

FEI Number: 59-0369669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, CRAIG T
341 ALEXANDER STREET
MOUNT DORA, FL 32757

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: SD () Delete
Name: ALDRIDGE, MICK
Address: 1425 MORNINGSIDE DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete
Name: LEWIS, JOE
Address: 148 CHARLES AVE.
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: KEENON, JOHN
Address: 7009 PINE HOLLOW
City-St-Zip: MOUNT DORA, FL 32757

Title: PD () Delete
Name: HOAGLAND, JEAN
Address: 601 MCDONALD ST #108
City-St-Zip: MOUNT DORA, FL 32757

Title: VD () Delete
Name: O'RYAN, RACHAEL
Address: 523 N DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BROOKS, BILL
Address: 714 DONNELLY STREET N
City-St-Zip: MOUNT DORA, FL 32757

Title: TD (X) Change () Addition
Name: KEENON, JOHN
Address: 7009 PINE HOLLOW
City-St-Zip: MOUNT DORA, FL 32757

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: JEAN HOAGLAND

PD

02/14/2002

Electronic Signature of Signing Officer or Director

_____ Date