2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 725941

City-St-Zip:

PD

Title:

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

MOUNT DORA, FL 32757

601 MCDONALD ST #108

MOUNT DORA, FL 32757

HOAGLAND, JÉAN

O'RYAN, RACHAEL

523 N DONNELLY ST

MOUNT DORA, FL 32757

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Current Principal Place of Business:

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

FILED Apr 30, 2003 Secretary of State

New Principal Place of Business:

Carrent interpart fact of Basiness.			11011 1 11110	new i morpai i lace ci Dacinessi			
	ANDER STREE ORA, FL 3275						
Current Mailing Address:			New Maili	New Mailing Address:			
PO BOX 19	ANDER STREE 96 ORA, FL 3275						
FEI Number:	59-0369669	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	RAIG T ANDER STREE ORA, FL 3275						
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR	RE:						
Electronic Signature of Registered Agent			ent	Date			
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SD () ALDRIDGE, MIC 1425 MORNING MOUNT DORA,	SIDE DR.	Title: Name: Address: City-St-Zip:	SD CROSON, JA 24925 HWY SORRENTO,	46		
Title: Name: Address: City-St-Zip:	D () BROOKS, BILL 714 DONNELLY MOUNT DORA,		Title: Name: Address: City-St-Zip:	D BROOKS, BI 18055 US HV MOUNT DOR	VY 441		
Title: Name: Address:	TD () KEENON, JOHN 7009 PINE HOL		Title: Name: Address:	LIND, DALE	(X) Change()Addition		

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MOUNT DORA, FL 32757

1425 MORNINGSIDE DRIVE

MOUNT DORA, FL 32757

MOUNT DORA, FL 32757

ALDRIDGE, MICK

O'RYAN, RACHAEL

P. O. 1334

(X) Change () Addition

(X) Change () Addition

SIGNATURE: RACHEL O'RYAN P 04/30/2003