

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729517

1. Entity Name

HOMOSASSA SPRINGS AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

3495 S. SUNCOAST BLVD.
PO BOX 709
HOMOSASSA SPRINGS FL 34447-0709
US

Mailing Address

3495 S. SUNCOAST BLVD.
PO BOX 709
HOMOSASSA SPRINGS FL 34447-0709
US

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

59-1543952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, JOHN T.
7373 W HADENOTTER LANE
HOMOSASSA FL 34446

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------------|-----------------------------|-------------------------------------|
| D | DELABY, IRENE | 7048 W ROSEDALE DR | HOMOSASSA FL 34446 | <input type="checkbox"/> |
| T | WARDLOW, ROB | 450 PLEASANT GROVE ROAD | INVERNESS FL 45552 | <input type="checkbox"/> |
| S | HADSELL, LEANNE | 13 DOGWOOD DRIVE | HOMOSASSA FL 34446 | <input type="checkbox"/> |
| P | ORDWAY, CHRIS | 1624 N MEADOWCREAST BLVD | CRYSTAL RIVER FL 34429-8751 | <input type="checkbox"/> |
| PD | PLATZ, RUTH | 4865 W GULF TSO LAKE HWY | LECANTO FL 34461 | <input checked="" type="checkbox"/> |
| D | FINLEY, RONI | 7206 W. MATADOR LANE | HOMOSASSA FL 34446 | <input checked="" type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|--------------------------|--------------------------|---------------------------------|-------------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | BARNES, JOHN T | 7373 W HADENOTTER LANE | HOMOSASSA, FL 34446-2140 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | CALLOWAY, C.L. | 5330 W GULF TO LAKES HWY | LECANTO FL 34460 | <input type="checkbox"/> | <input type="checkbox"/> |

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90299 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

AH. 835085
Doc. # 729517

**DIRECTORS OF THE HOMOSASSA SPRINGS CHAMBER OF COMMERCE
2002**

**GAYLE HOKE D
155 DOUGLAS
HOMOSASSA, FL 34446**

**JAMES HOLDER D
2065 NW 57TH STREET
OCALA, FL 34475**

**BONNIE JONES D
5219 W CORINA'S CT
HOMOSASSA, FL 34446**

**MARLENE KAISER D
8016 S SUNCOAST BLVD
HOMOSASSA, FL 34446**

**REED M NEAL D
362 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429**

**CHUCK NINK D
2065 N CEDARHOUSE TERRACE
CRYSTAL RIVER, FL 34428**

**RICHARD OLPINSKI D
10160 S LECANTO HWY
LECANTO, FL 34460**

**CAROL LEE WALLIS D
6442 W LEXINGTON DRIVE
CRYSTAL RIVER, FL 34429**

**JANET YANT PE
4865 W GULF TO LAKE HWY
LECANTO, FL 34461-9239**