

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90057 001 \*\*\*\*61.25  
 01-20-2000 90057 002 \*\*\*\*\*8.75

**DOCUMENT # 730146**

1. Entity Name

**GREATER SEMINOLE COUNTY CHAMBER OF COMMERCE INCO**

Principal Place of Business

Mailing Address

4590 SO. HWY 17-92  
 CASSELBERRY FL 32707

4590 SO. HWY 17-92  
 CASSELBERRY FL 32714-3370

2. Principal Place of Business

3. Mailing Address

**230 N. WESTMONTE DR.**

**230 N. WESTMONTE DR**

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

**# 1974**

**# 1974**

City & State

City & State

**ALTAMONTE SPRINGS**

**ALTAMONTE SPRINGS**

Zip

Country

Zip

Country

**32714**

**USA**

**32714**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number

**59-1563952**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

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 **P** ☒ Delete  
 NAME **WEINBERG, WAYNE**  
 STREET ADDRESS **4590 S HWY 17-92**  
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DANIEL GALLOGLY**  
 STREET ADDRESS **201 S. ORANGE AVE # 950**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☒ Delete  
 NAME **SCHEINGOLD, HARVEY**  
 STREET ADDRESS **1635 BRIDGEWATER DR**  
 CITY-ST-ZIP **HEATHROW FL 32764**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Robert C. Klettnor**  
 STREET ADDRESS **230 N. Westmonte Dr #1974**  
 CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE **D** ☐ Delete  
 NAME **HERBENAR, MARTIN**  
 STREET ADDRESS **845 SUNSHINE LN**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HULBERT, KEITH**  
 STREET ADDRESS **583 E. S.R. 434**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **STANGE, WILLIAM**  
 STREET ADDRESS **2675 W. STATE RD 434**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 William M. Stange**

**407-865-9988**

CR2E037 (9/99)