

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736425

1. Entity Name

GREATER FORT MYERS BEACH AREA CHAMBER OF COMMERCE

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90146 002 ****61.25

Principal Place of Business

17200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

Mailing Address

17200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931-5306
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

59-0868976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETRUCELLI, D.J.
17200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931

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 CD ☒ Delete
NAME NAYLOR, JOHN
STREET ADDRESS 275 ESTERO BOULEVARD
CITY-ST-ZIP FT MYERS BCH FL

TITLE VD ☐ Change ☒ Addition
NAME Scott Gregory
STREET ADDRESS P.O Box 60139, Fort Myers, Florida
CITY-ST-ZIP 33906

TITLE T ☐ Delete
NAME NETSCH, ELIZABETH
STREET ADDRESS 9800 HEALTHPARK CIR #410
CITY-ST-ZIP FT.MYERS FL

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

TITLE P ☐ Delete
NAME PETRUCELLI, D.J.
STREET ADDRESS 7234 DRAKE DR.
CITY-ST-ZIP FT MYERS BCH F

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

TITLE CD ☐ Delete
NAME TAYLOR, KITTY
STREET ADDRESS 7401 ESTERO BLVD
CITY-ST-ZIP FT MYERS BEACH FL

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

TITLE VD ☐ Delete
NAME LANGLOIS, MARTHA
STREET ADDRESS 1661 ESTERO BOULEVARD #3
CITY-ST-ZIP FT MYERS FL 33931

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

TITLE VD ☐ Delete
NAME THOMAS, CPA W
STREET ADDRESS 1661 ESTERO BLVD
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE ☒ Change ☐ Addition
NAME CD
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: D.J. PETRUCELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 4/14/00 941-454-7500
Date Daytime Phone #

CR2E037 (9/99)