2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # 736425** 1. Entity Name GREATER FORT MYERS BEACH AREA CHAMBER OF COMMERC 03-16-2001 90027 011 ****61.25 Principal Place of Business Mailing Address 17200 SAN CARLOS BLVD 17200 SAN CARLOS BLVD FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE --- City & State + City & State 4. FEI Number Applied For 59-0868976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRUCELLI, D.J. Street Address (P.O. Box Number is Not Acceptable) 17200 SAN CARLOS BLVD FORT MYERS BEACH FL 33931 Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI F ☐ Delete TITLE ☐ Change ☐ Addition GREGORY, SCOTT NAME NAME STREET ADDRESS PO BOX 60139 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33906 CITY-ST-ZIP TITLE Delete TITLE Chip Black ☐ Change X Addition NETSCH, ELIZABETH NAME. NAME 1565 Red Cedar-Drive STREET ADDRESS 9800 HEALTHPARK CIR #410 STREET ADDRESS Fort Myers, F1. 33907 CITY-ST-ZIP CITY-ST-ZIP FT.MYERS FL TITLE ☐ Delete TITLE Change Change ☐ Addition NAME PETRUCCELI, D.J. NAME STREET ADDRESS 7234 DRAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BCH F Delete TITLE Change Addition Angie Parker TAYLOR, KITTY NAME NAME 135 Mango Street STREET ADDRESS 7401 ESTERO BLVD STREET ADDRESS Fort Myers, Beach, 33931 F1. CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL Delete TITLE ☐ Change ☐ Addition NAME L'ANGLOIS, MARTHA NAME STREET ADDRESS 1661 ESTERO BOULEVARD #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33931 TITLE Delete TITLE ☐ Addition NAME THOMAS, CPA W NAME STREET ADDRESS 1661 ESTERO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. MYERS BEACH FL 33931

FILED

94-454-7500

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.