

2001 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-07-2001 90176 017 ****61.25

DOCUMENT # 738051

1. Entity Name

HOLMES COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

106 E BYRD AVE.
P.O. BOX 779
BONIFAY FL 32425-3004

Mailing Address

PO BOX 779
BONIFAY FL 32425-3004
US

2. Principal Place of Business

3. Mailing Address

106 E Byrd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay

City & State

Bonifay, FL

Zip

32425

Country

Zip

32425

Country

4. FEI Number

59-1836672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WICKHAM, MELINDA S
106 E BYRD AVENUE/P O BOX 779
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name

Anderson, Charles

Street Address (P.O. Box Number is Not Acceptable)

106 E Byrd Ave / PO Box 779

City Bonifay

FL

Zip Code

32425

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

Charles Anderson

Chairman

2-5-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, CHARLES	
STREET ADDRESS	409 S OKLAHOMA ST	
CITY-ST-ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMAN, JOAN	
STREET ADDRESS	109 N WAUKESHA	
CITY-ST-ZIP	BONIFAY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, RUSTY	
STREET ADDRESS	312 W PENNSYLVANIA ST	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	WICKHAM, MELINDA S	
STREET ADDRESS	C-10A EAST/P O BOX 338	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, VIC	
STREET ADDRESS	224 N WAUKESHA	
CITY-ST-ZIP	BONIFAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, ROBERT	
STREET ADDRESS	402 N WAUKESHA	
CITY-ST-ZIP	BONIFAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Charles	
STREET ADDRESS	3402 Hwy 90	
CITY-ST-ZIP	Bonifay, FL 32425	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)