## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 738051**

1. Entity Name

## HOLMES COUNTY CHAMBER OF COMMERCE, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90229 022 \*\*\*\*61.25

Principal Plac	e of Business	Mailing /	Mailing Address										
106 E BYRD A	VE.	106 E BYRD AVENUE BONIFAY FL 32425 US				1							
P.O. BOX 779 BONIFAY FL 3	2425-3004												
						1						<b>i</b> ii <b>ii ii</b> i	
2. Principal Place of Business		3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & Stat	е	City	City & State			4.	4. FEI Number <b>59-1836672</b> Applied For						7
,	-						33 180001E			,	N	ot Applicable	1
Zip Country		Zip	Zip		Country		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered	Agent				Name and A		of New I	Registered	l Agent		]
	, the same of the	+ 2	والمحادثين والمجادعات		Name		and seek	~ · ~					
EICKMAN					Street Address (P.O. Box Number is Not Acc					e)			1
106 E BYRD AVENUE													
BONIFAY	FL 32425												1
					City					F	Zip Cod	de	1
					1 . ***			:- 4b - 0					4
	named entity submits this statement for tions of registered agent.	or the purpos	e of changing its	registere	ea office or regi	istered ag	gent, or both,	in the Si	tate of Fi	orida. I ar	n tamiliar with	, and accept	
and deliga-	asilo er regionere agentr												
SIGNATURE													}
3.	Signature, typed or printed name of registered agent	and title if applica	ible. (NOTE	: Registere	d Agent signature req	quired when o	reinstating)			DATE		<del>.</del>	
								ľ					1
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing			\$5.	.00 May Be		Ma	ake Che	ck Payable	to	
	FILE NOW. FEE 13 \$01.23		Trust Fund C	ontributi	on.		led to Fees		Flori	da Depa	rtment of	State	
								105055	0000		VDEOTOBO II	1.40	4
10.	OFFICERS AND DI	RECTORS		11.		ADDI	TIONS/CHAN	IGES IL	J OFFICE	ERS AND L			┨   ह
TITLE	PD RIVIERE, BUD		Delete	TITLE							Change	☐ Addition	18
NAME	3094 INDIAN CIRCLE			NAM	ET ADDRÉSS								1
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP								5
	D		Delete				<u> </u>				☐ Change	Addition	18
TITLE NAME	MANUEL, MANUEL	LI Delete			TITLE Name						Change		5
STREET ADDRESS	109 N WAUKESHA				TREET ADDRESS								
CITY-ST-ZIP	BONIFAY FL 32425			CITY	-ST-ZIP								{
TITLE	VPD	☐ Delete		TITL		24-C 5-C	<u></u>			₹ . <b>.</b>	☐ Chāngē	Addition	1
NAME	BELL, HARRY			NAM	I							_	1
STREET ADDRESS	312 W PENNSYLVANIA ST			STRE	ET ADDRESS								
CITY-ST-ZIP	BONIFAY FL 32425			CITY	-ST-ZIP								
TITLE	TD		☐ Delete	TITLE					•		Change	☐ Addition	
NAME	COATES, MARTIN			NAM	I								-
STREET ADDRESS	PO BOX 810				ET ADDRESS								
CITY-ST-ZIP	BONIFAY FL 32425			CITY	-ST-ZIP								4
TITLE	D DOM		☐ Delete		ITLE IAME						Change	☐ Addition	
NAME	HERSMAN, DON				<b>I</b>								
STREET ADDRESS CITY-ST-ZIP	911 N WAUKISHA STREET BONIFAY FL 32425				STREET ADDRESS CITY-ST-ZIP								
	D BUNIFAT FL 32425		Прак					•••			☐ Change	Addition	+
TITLE	PARKER, PAUL		☐ Delete	TITLI NAM	I						☐ cuanàs	☐ VOUIDII	
NAME STREET ADDRESS	757 HOYT STREET				ET ADDRESS								
CITY-ST-ZIP	CHIPLEY FL 32428				-ST-ZIP								
	OTHICE TE OFFED						440.07(0)(3	FI	O4 - 1 - 1	1.6 - 11	- 416 - 41 4-41	· - <b>f</b>	1

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

1-22-03