

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738364

1. Entity Name

GREATER ORANGE CITY AREA CHAMBER OF COMMERCE, IN

Principal Place of Business

Mailing Address

GREATER ORANGE CITY CHAMBERS OF COMM  
520 N VOLUSIA AVE  
ORANGE CITY FL 32763  
US

520 NORTH VOLUSIA AVENUE  
ORANGE CITY FL 32763-4802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIALA, MARYANN D  
1411 TWIN RIVERS BLVD  
OVIEDO FL 32763

Name  
Johnston, Angela  
Street Address (P.O. Box Number is Not Acceptable)  
520 North Volusia Avenue  
City  
Orange City FL Zip Code  
32763

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 Angela Johnston

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 PD ☐ Delete  
NAME GREEN, PAT  
STREET ADDRESS 220 E. HUBBARD AVE.  
CITY-ST-ZIP DELAND FL 32720

TITLE D ☒ Change ☐ Addition  
NAME Green, Pat  
STREET ADDRESS 220 E. Hubbard Ave.  
CITY-ST-ZIP DeLand, FL 32720

TITLE D ☒ Delete  
NAME HEARD MICK  
STREET ADDRESS 2240 S VOLUSIA AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE PD ☐ Change ☒ Addition  
NAME Courtheyn, Doreen  
STREET ADDRESS 500 East New York Avenue  
CITY-ST-ZIP DeLand, FL 32724

TITLE VD ☐ Delete  
NAME ANDERSON, BECKY  
STREET ADDRESS 1061 MEDICAL CENTER DR #313  
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE VD ☒ Delete  
NAME BEER, TERRI  
STREET ADDRESS 2730 ENTERPRISE ROAD #A  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VD ☐ Change ☒ Addition  
NAME Pierce, Lisa  
STREET ADDRESS 123 S. Industrial Drive #102  
CITY-ST-ZIP Orange City, FL 32763

TITLE TD ☒ Delete  
NAME LEFILS, GREG  
STREET ADDRESS 165 S. OAK AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE TD ☐ Change ☒ Addition  
NAME Heard, Susan  
STREET ADDRESS 123 S. Industrial Drive #104  
CITY-ST-ZIP Orange City, FL 32763

TITLE MD ☒ Delete  
NAME FIALA, MARYANN  
STREET ADDRESS 1411 TWIN RIVERS BLVD  
CITY-ST-ZIP ORANGE CITY FL 32766

TITLE MD ☐ Change ☒ Addition  
NAME Johnston, Angela  
STREET ADDRESS 520 North Volusia Avenue  
CITY-ST-ZIP Orange City, FL 32763-4802

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 904-775-2793  
Date Daytime Phone #

FILED  
Apr 29, 2000 8:00 am  
Secretary of State

04-29-2000 90011 014 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1662493 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (9/99)