

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90036 034 *****70.00

DOCUMENT # 738364

1. Entity Name

GREATER ORANGE CITY AREA CHAMBER OF COMMERCE, IN

Principal Place of Business

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

Mailing Address

520 NORTH VOLUSIA AVENUE
 ORANGE CITY FL 32763

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

59-1662493

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FIALA, MARYANN D
1411 TWIN RIVERS BLVD
OVIEDO FL 32763

7. Name and Address of New Registered Agent

Name **Angela Johnston**
 Street Address (P.O. Box Number is Not Acceptable)
1609 Farley Court
 City **Deltona, FL** Zip Code **32725**

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

Angela Johnston

**Executive
 Director**

1/4/01

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 NAME STREET ADDRESS CITY-ST-ZIP | PD GREEN, PAT 220 E. HUBBARD AVE. DELAND FL 32720 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREEN, PAT 220 E. HUBBARD AVE DELAND FL 32720 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COURTHEYN, DOREEN 500 EAST NEW YORK AVE DELAND FL 32724 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HEARD, SUSAN 123 S INDUSTRIAL DR #102 DELAND FL 32724 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PIERCE, LISA 123 INDUSTRIAL DR #102 ORANGE CITY FL 32763 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD JOHNSON, ANGELA 123 S INDUSTRIAL DR #102 ORANGE CITY FL 32763 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Michelle Shams 1105 Saxon Boulevard Orange City, FL 32763 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Pat Green 443 Princewood Drive DeLand, FL 32724 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D -- | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Susan Kniebbe 2602 Enterprise Road Orange City, FL 32763 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D A.R. Dick Tosh 1113 Saxon Boulevard Orange City, FL 32763 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M/D Angela Johnston 1609 Farley Court Deltona, FL 32725 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Angela Johnston

Date

Daytime Phone #

1/5/01

904-917-7001

CR2E037 (10/00)

0023686