

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90129 005 \*\*\*\*61.25

**DOCUMENT # 740713**

1. Entity Name

**BELLEVUE/SOUTH MARION CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

5301 SE ABSHIER BLVD.  
 BELLEVUE FL 34420

5301 SE ABSHIER BLVD.  
 BELLEVUE FL 34420-3914

**911996**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1435255**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOMINGUEZ, BETH**  
**11997 S US HWY 441**  
**BELLEVUE FL 34420**

Name

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

City

**FL** | Zip Code

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:**  
**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 **TD**  Delete  
 NAME **FARNER, MARK**  
 STREET ADDRESS **10935 SE 177TH PL STE 401**  
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **FOWLER, DWIGHT**  
 STREET ADDRESS **3091 SE 112TH ST**  
 CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **PORCELLI, CLAUDIA**  
 STREET ADDRESS **522 SE ABSHIRE BLVD**  
 CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **PD**  
 STREET ADDRESS **JIM HIGGINBOTHAM**  
 CITY-ST-ZIP **7105 S.E. 110TH STREET RD**  
**BELLEVUE, FL 34420**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **VD**  
 STREET ADDRESS **BILL FOX**  
 CITY-ST-ZIP **5608 S.E. 113TH ST.**  
**BELLEVUE, FL 34420**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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]* **MARK FARNER, TREAS** **1-22-2000** **352-347-3131**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #