

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90075 008 \*\*\*\*61.25

**DOCUMENT # 740713**  
 1. Entity Name  
**BELLEVUE/SOUTH MARION CHAMBER OF COMMERCE, INC.**

Principal Place of Business <b>5301 SE ABSHIER BLVD. BELLEVUE FL 34420</b>	Mailing Address <b>5301 SE ABSHIER BLVD. BELLEVUE FL 34420</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>59-1435255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**DOMINGUEZ, BETH**  
**11997 S US HWY 441**  
**BELLEVUE FL 34420**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>TD FARNER, MARK 10935 SE 177TH PL STE 401 SUMMERFIELD FL 34491</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HIGGINBOTHAM, JIM 7105 SE 110TH ST RD BELLEVUE FL 34420</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FOX, BILL 5608 SE 113TH ST BELLEVUE FL 34420</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Mark Farner* **MARK FARNER, TREAS.** 1-9-01 352-347-3131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

**Belleview So. Marion Chamber of Commerce, Inc.**

Attachment  
O# 740713  
59-1435255  
B0040496

<u>Name &amp; Address</u>	<u>Title</u> <u>Hrs/Wk</u>
Steve Bairstow 5520 SE 113th St. Belleview, FL 34420	Director 1
Brenda Baker 3949 SE 135th Lane Belleview, FL 34420	Director 1
Joan Becker 11121 SE 40th Ave. Belleview, FL 34420	Director 1
Sonny Cleveland 14455 Hwy 301 South Summerfield, FL 34491	Director 1
Beth Dominguez 11997 S. US Hwy 441 Belleview, FL 34420	Director 1
Dwight Fowler P.O. Box 520 Belleview, FL 34421	Director 1
Fred Gardner P.O. Box 567 Belleview, FL 34421	Director 1
Part IV - Officers & Directors (continued)	

<u>Name &amp; Address</u>	<u>Title</u> <u>Hrs/Wk</u>
Virginia Higginbotham 10050 SE 139th Place Summerfield, FL 34491	Director 1
Peggy Hearlson 12301 S. US Hwy 441	Director