


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

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90108 023 \*\*\*\*61.25

UBR0000

<b>DOCUMENT # 740713</b>			
1. Entity Name <b>BELLEVUE/SOUTH MARION CHAMBER OF COMMERCE, INC.</b>			
Principal Place of Business <b>5301 SE ABSHIER BLVD. BELLEVUE FL 34420</b>		Mailing Address <b>5301 SE ABSHIER BLVD. BELLEVUE FL 34420</b>	
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 <b>MCCOY, GLORIA 12055 SE US HWY 441 BELLEVUE FL 34420</b>		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Gloria L. McCoy</i>		DATE: <i>8-19-03</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, GLORIA</b>	NAME	
STREET ADDRESS	<b>12055 SE US HWY 441</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEARLSON, PEGGY</b>	NAME	
STREET ADDRESS	<b>12301 SE US HWY 441</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE-FL-34420</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINBOTHAM, VIRGINIA</b>	NAME	
STREET ADDRESS	<b>7105 SE 110 ST RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, JEFF</b>	NAME	
STREET ADDRESS	<b>5711 SE ABSHIER BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, BILL</b>	NAME	
STREET ADDRESS	<b>5608 SE 113TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE FL 34420</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISTER, SHEILA</b>	NAME	
STREET ADDRESS	<b>5301 SE ABSHIER BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVUE FL 34420</b>	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: *Gloria L. McCoy* DATE: *8-19-03*

CR2E037 (4/03)