

2000 UNIFORM BUSINESS REPORT (UBR)

0008703

DOCUMENT # 750882

1. Entity Name

GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -9 AM 10:35

Principal Place of Business

Mailing Address

811 LUCERNE AVENUE
LAKE WORTH FL 33460
US

811 LUCERNE AVENUE
LAKE WORTH FL 33460
US

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

59-0324308

Applied For

Not Applicable

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

JORDAN, EMORY C., III
2601 TENTH AVENUE NORTH
SUITE 314
LAKE WORTH FL 33461

Name

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

000003423500-2
-10/12/00--01087--003

*****61.25 *****61.25

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
After September, 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D ELFRETH, MARY GAY 1120 C. PARKSIDE GREEN WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, PAUL 225 S. DIXIE HWY. LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAUNDER, CINDY 651 INDUSTRIAL WAY BOYNTON BEACH FL	<input type="checkbox"/> Delete (change)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOMMERVILLE, JERRY 525 S. FLAGLER DR., #1 WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERVAK, GARY 5301 S CONGRESS AVENUE ATLANTIS FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARAS, PAT 1702 LAKE WORTH ROAD LAKE WORTH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Cartwell, 1st Vice President 4130 10th Ave N. Lake Worth FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President - Linda Weirheit 2751 South Dixie Hwy West Palm Beach FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy maunders, President 14621 10th Ave Lake Worth FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Fletcher - Treasurer 2875 S. Ocean Blvd Suite D Palm Beach FL 33480 200	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)