

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750882

1. Entity Name

GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90026 007 ****61.25

Principal Place of Business

811 LUCERNE AVENUE
 LAKE WORTH FL 33460
 US

Mailing Address

811 LUCERNE AVENUE
 LAKE WORTH FL 33460
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

Street Address, P.O. Box

City

2825 S. Ocean Blvd #200
 Lake Worth FL Zip Code 33460

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

Cynthia Fletcher

8/2/01

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
 After September 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CANTWELL, MIKE 4130 10TH AVE N LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISHER, LINDA 2751 SOUTH DIXIE HWY WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAUNDER, CINDY 4621 10TH AVE LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLETCHER, CYNTHIA 2875 S OCEAN BLVD SUITE 200 PALM BEACH FL 33480	<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	Dr. Alex Keith 1814 North Federal Hwy Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jan Stout 7501 South Dixie Hwy West Palm Beach FL 33405	<input type="checkbox"/> Change <input checked="" 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 live employees.

SIGNATURE:

Cynthia Fletcher

8/1/01

561.582.4401

CR2E037 (5/01)