

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90187 001 \*\*\*\*61.25

**DOCUMENT # 750882**

1. Entity Name

**GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.**



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

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

**JORDAN, EMORY C III  
2875 S OCEAN BLVD  
SUITE 200  
LAKE WORTH FL 33480**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHELLING, MICHAEL</b>	
STREET ADDRESS	<b>9 NORTH O STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>STOUT, JAN</b>	
STREET ADDRESS	<b>7501 S. DIXIE HWY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>STOUT, JAN</b>	
STREET ADDRESS	<b>8612 BELLA VISTA DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FLETCHER, CYNTHIA</b>	
STREET ADDRESS	<b>2875 S. OCEAN BLVD #2</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D. AVE VESPA</b>	
STREET ADDRESS	<b>412 LUCERNE AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLINE CLORE</b>	
STREET ADDRESS	<b>409 Lake Avenue</b>	
CITY-ST-ZIP	<b>Lake Worth, FL 33460</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED~~**

CR2E037 (10/02)