

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90236 019 \*\*\*\*61.25

**DOCUMENT # 752100**

1. Entity Name

**LAFAYETTE COUNTY CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

COUNTY COURTHOUSE CORNER HWY 27 + 51  
P.O. BOX 416  
MAYO FL 32066

COUNTY COURTHOUSE CORNER HWY 27 + 51  
P.O. BOX 416  
MAYO FL 32066

**B0005832**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1998442**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKOMP, ROBERT C**  
**2 MILES EAST OF MAYO HIGHWAY 27**  
**MAYO FL 32066**

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

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD SKOMP, ROBERT C**  
STREET ADDRESS **PO BOX 1513, 2 MILES EAST OF MAYO HWY 27**  
CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Change ☐ Addition  
NAME **D Garrett Knight**  
STREET ADDRESS **P.O. Box 168 Hwy. 51**  
CITY-ST-ZIP **Mayo FL 32066**

TITLE ☒ Delete  
NAME **D KOON, PAT**  
STREET ADDRESS **RT 2 BOX 65, COUNTY ROAD 400 N**  
CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD MCMILLAN, LEENETTE**  
STREET ADDRESS **P.O. BOX 1388, CRAWFORD STREET**  
CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01-09-02**

**386-294-1688**

CR2E037 (9/01)