

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 752100

FILED
May 01, 2003
Secretary of State

Entity Name: LAFAYETTE COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1998442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCMILLAN, LEENETTE W
124 NORTH FLETCHER AVENUE
MAYO, FL 32066 US

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: LEENETTE W. MCMILLAN

05/01/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SKOMP, ROBERT C
Address: PO BOX 1513, 2 MILES EAST OF MAYO HWY 27
City-St-Zip: MAYO, FL 32066

Title: TD () Delete
Name: MCMILLAN, LEENETTE
Address: P.O. BOX 1388, CRAWFORD STREET
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: KNIGHT, GARRET
Address: PO BOX 168 HWY 51
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLLIS, CHERYL
Address: ROUTE 2, BOX 635
City-St-Zip: MAYO, FL 32066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHNSON, VI
Address: PO BOX 696
City-St-Zip: MAYO, FL 32066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEENETTE MCMILLAN

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date