2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766079

1. Entity Name

NORTH PORT AREA CHAMBER OF COMMERCE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90024 038 ****61.25

Principal Place of Business	Mailing Address
12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-9215 US	12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-1921 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2437272 ☐ 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
FOSTER, PATRICIA 12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-9215	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADISON, MARK 12767 S. TAMIAMI TRAIL NORTH PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMEK, TED 12705 S. TAMIAMI TRAIL NORTH PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Michelle Williams 12705 S. Tamiami Trail North Port, FL 34287
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REX, ROSE 5900 N. PORT BLVD. N PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition President/Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HERRON, SAM H JR 12200 SAN SERVANDO AVE. N. PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Steve Sachkar 13644 S. Tamiami Trail North Port, FL 34287
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNDGREN, RICHARD 13001 S. TAMIAMI TRAIL N. PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Steve Matthews 13801 S. Tamiami Trail North Port, FL 34287
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOPER, V. JACK 4002 BULA N PORT FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Alicia McHugh 13800 Tamiami Trail North Port, FL 34287

CR2E037 (9/99)

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: Rose Rex RECORDED Rose Rex, President 4-14-00 941-423-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #