2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90936 038 ****61.25

DOCUMENT # 766079

1. Entity Name

NORTH PORT AREA CHAMBER OF COMMERCE, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2975 Bobcat Village	2975 Bobcat Village
Suite, Apt. #, etc.: Center Rd., Ste.300	Suite, Apt. #, etc.: Center Rd., Ste. 300
City & State: North Port, FL	City & State: North Port, FL
Zip: 34286 Country: US	Zip: 34286 Country: US

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

FOSTER, PATRICIA
12705 S. TAMIAMI TRAIL
NORTH PORT FL 34287-9215

7. Name and Address of New Registered Agent

Name: Foster, Patricia
Street Address (P.O. Box Number is Not Acceptable): 2975 Bobcat Village Center Rd., Suite 300
City: North Port FL Zip Code: 34286

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD Madison, Mark 12767 S. Tamiami Trail North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MICHELLE 12705 S. TAMIAMI TRAIL NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REX, ROSE 5900 N. PORT BLVD. N PORT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rex, Rose 14295 So. Tamiami Tr. North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACHKAR, STEVE 13644 S TAMIAMI TRAIL NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, STEVE 13801 S TAMIAMI TRAIL NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCHUGH, ALICIA 13800 TAMIAMI TRAIL NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 4/20/01 941-426-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #