2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90226 006 ****61.25

DOCUMENT # 766079

1. Entity Name

NORTH PORT AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
2975 BOBCAT VILLAGE CENTER ROAD SUITE 300 NORTH PORT FL ~~34286~~ 34288 US	2975 BOBCAT VILLAGE CENTER ROAD SUITE 300 NORTH PORT FL ~~34286~~ 34288 US

DO NOT WRITE IN THIS SPACE

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 59-2437272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, PATRICIA
2975 BOBCAT VILLAGE CENTER ROAD
SUITE 300
NORTH PORT FL ~~34286~~ 34288

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.

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	PD MADISON, MARK 12767 S. TAMIAMI TRAIL NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ 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	D REX, ROSE 14295 SOUTH TAMIAMI TRAIL NORTH PORT FL 34287	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONOGHUE, JACK 15121 TAMIAMI TRAIL S. 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	PD	☒ 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 (9/01)

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: Steve Sachkar SIGNATURE REQUIRED Steve Sachkar 4/22/02 941-426-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #