

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 8:00 am**
Secretary of State

02-16-2000 90051 047 ****61.25

DOCUMENT # C93000000013

1. Entity Name

FERNANDINA BEACH CHAMBER OF COMMERCE

Principal Place of Business

**102 CENTRE ST
FERNANDINA BCH. FL 32034**

Mailing Address

**PO BOX 472
FERNANDINA BCH. FL 32035-0472
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0717156**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MAYO, JIM
1250 S 18TH ST
FERNANDINA BCH. FL 32034**

7. Name and Address of New Registered Agent

**Name SHANE A. ADAMS
Street Address (P.O. Box Number is Not Acceptable)
102 CENTRE ST.
FERNANDINA BEACH
City FL Zip Code
32034**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAYO, JIM	
STREET ADDRESS	1250 S 18TH ST	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HALLEY, HARRY	
STREET ADDRESS	1 RAILROAD VINE	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STUBBS, WAYNE	
STREET ADDRESS	501-N 3RD ST	
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	

TITLE	TD	<input type="checkbox"/> Delete
NAME	RIZZO, RAFFAELEA M	
STREET ADDRESS	501 CENTRE ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANE A. ADAMS	
STREET ADDRESS	102 CENTRE STREET	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL LAMB	
STREET ADDRESS	910 S. 8TH STREET, SUITE 106	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/2000 (904) 261-3248