

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90053 018 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0717156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SHANE A
 102 CENTRE ST
 FERNANDINA BCH. FL 32034

7. Name and Address of New Registered Agent

Name **REGINA DUNCAN**
 Street Address (P.O. Box Number is Not Acceptable)
102 CENTRE STREET
 City **FERNANDINA BEACH** 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 **D** ☒ Delete
 NAME **MAYO, JIM**
 STREET ADDRESS **1250 S 18TH ST**
 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE **PD** ☐ Delete
 NAME **HALLEY, HARRY**
 STREET ADDRESS **1 RAILROAD VINE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **VD** ☒ Delete
 NAME **RIZZO, RAFFAELEA M**
 STREET ADDRESS **501 CENTRE ST**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **M** ☒ Delete
 NAME **ADAMS, SHANE A**
 STREET ADDRESS **102 CENTRE ST**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **TD** ☐ Delete
 NAME **LAMB, MICHAEL**
 STREET ADDRESS **910 S. 8TH ST #106**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
 NAME **BEAUDRY, VICKI**
 STREET ADDRESS **1900 S. 14TH STREET**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS

TITLE **TD** ☐ Change ☒ Addition
 NAME **MALLOY, FOY**
 STREET ADDRESS **511 ASH STREET**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **M** ☐ Change ☒ Addition
 NAME **DUNCAN, REGINA**
 STREET ADDRESS **102 CENTRE STREET**
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Cam8
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01 (904) 261-3248

CR2E037 (10/00)