

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90256 023 ****70.00

DOCUMENT # N00000003234

1. Entity Name

SEMINOLE COUNTY/LAKE MARY REGIONAL CHAMBER OF CO

Principal Place of Business

230 N. WESTMONTE DRIVE
SUITE 1974
ALTAMONTE SPRINGS FL 32714

Mailing Address

230 N. WESTMONTE DRIVE
SUITE 1974
ALTAMONTE SPRINGS FL 32714

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

59-3646781

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

PARKER, DIANE
230 N. WESTMONTE DRIVE
SUITE 1974
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
DIANE PARKER
Street Address (P.O. Box Number is Not Acceptable)
230 N. Westmonte Drive #1974
City
Altamonte Springs FL Zip Code
32714

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

Diane Parker, President

4-18-01

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	P	☐ Delete
NAME	PARKER, DIANE	
STREET ADDRESS	230 N. WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	☒ Delete
NAME	GALLOGLY, DAN	
STREET ADDRESS	230 N. WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	☒ Delete
NAME	CHOCOLA, SUSAN	
STREET ADDRESS	230 N. WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	☒ Delete
NAME	GREEN, TOM	
STREET ADDRESS	605 CRESCENT EXECUTIVE CT.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	☐ Delete
NAME	KIRBY, STEVE	
STREET ADDRESS	222 S. WESTMONTE DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	☒ Delete
NAME	HERBENAR, MARTIN W	
STREET ADDRESS	845 SUNSHINE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/C	☐ Change ☒ Addition
NAME	DOUG KINSON	
STREET ADDRESS	1151 COVEWOOD TRAIL	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D/T/S	☐ Change ☒ Addition
NAME	EUGENE ANDERSON	
STREET ADDRESS	LUCENT TECHNOLOGIES	
CITY-ST-ZIP	901 N. LAKE DESTINY ROAD MAITLAND, FL 32751	
TITLE	D	☐ Change ☒ Addition
NAME	WILLIAM STANGE	
STREET ADDRESS	ADMIRALTY BANK	
CITY-ST-ZIP	2 S. ORANGE AVE, SUITE 100 ORLANDO, FL 32801	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Diane Parker, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-24-01 333-4748 (407)

CR2E037 (10/00)