

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90023 028 ****61.25

DOCUMENT # N00930

1. Entity Name

EAGLE LAKE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

45 4TH STREET, SOUTH
P. O. BOX 1588
EAGLE LAKE FL 33839-1588

45 4TH STREET, SOUTH
P. O. BOX 1588
EAGLE LAKE FL 33839-1588

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

59-3172678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHURCH, HARRY A.
133 POE DRIVE, SE
WINTER HAVEN FL 33884

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	P	<input checked="" type="checkbox"/> Delete
NAME	VANDIVER, JEFF	
STREET ADDRESS	5665 CPYRESS GARDENS BLVD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	WEEDER, DAVID	
STREET ADDRESS	P.O. BOX 1606/BARTOW AIR BASE	
CITY-ST-ZIP	BARTOW FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHERMAN-SCHMIDT, LORALEE	
STREET ADDRESS	400 CRYSTAL BEACH RD.	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COCO, ANNA	
STREET ADDRESS	1101 1ST ST S	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POUETT, GLENDA	
STREET ADDRESS	785 LAKE AVE E	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Mickey Petty Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	45 Fourth St	
STREET ADDRESS	Eagle Lake, Fl. 33839	
CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Ingle	
STREET ADDRESS	3046 Spirit Lake Rd	
CITY-ST-ZIP	Winter Haven Fla	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Lundquist	
STREET ADDRESS	601 Ave B NW	
CITY-ST-ZIP	Winter Havn, Fla 33891	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Petty	
STREET ADDRESS	45 Fourth St	
CITY-ST-ZIP	Eagle Lake, Fla 33839	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soc Ricco	
STREET ADDRESS	Spirit Lake Rd	
CITY-ST-ZIP	Winter Havn, Fla 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/3/00 863-299-3164

CR2E037 (9/99)