## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N03368

1. Entity Name

## THE NORWEGIAN AMERICAN CHAMBER OF COMMERCE, INC.

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Principal Place of Business	Mailing Address				
C/O JOHN F FLOEY 701 SE 24TH STREET FORT LAUDERDALE FL 33316 US	C/O JOHN F FOLEY 701 SE 24TH STREET FORT LAUDERDALE FL 33316 US				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

## FILED Sep 07, 2000 8:00 am Secretary of State

09-07-2000 90006 005 \*\*\*\*61.25

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Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	le, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State Ci		City & State	ty & State		4. FEI Numbe	NOT APPLICABLE			oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate	S8.75 Additional					
<i>2</i>	~6. Name and Address of Current I	<del>-1</del>	7. Name and Address of New Registered Agent								
				Name							
FOLEY, JOHN F C/O ELLER & COMPANY 701 SE 24TH STREET				Street Address (P.O. Box Number is Not Acceptable)							
FORT LAU	JDERDALE FL 33316		City	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  After September 13, 2000 min. will be \$236.25  9. Election Campaign File Trust Fund Contribution				Added to Fees Department of State							
10.	- OFFICERS AND DIR		11.			ANGES TO OFFICER	RS AND DIRE	CTORS IN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIKEVIK, BJARNE 1290 E. COMMERCIAL BLVD FT. LAUDERDALE FL	<b>≥</b> elete	TITLE NAME Street addi City-St-Zip	ESS   180	nriksen, 0 Austra	Stein Iian Avenu BEach, FL	e Soutl	Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVACEK, ARTHUR C 701 SE 24TH STREET FORT-LAUDERDALE FL 33316	<b>X</b> Delete	TITLE NAME STREET ADDR	D And 154	derson,	Ingolf 7th Terrac		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOLEY, JOHN F. 701 S.E. 24TH STREET FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDR	D Sor 100	ensen, 1	rond erica Way,			Addition		
TITLE NAME STREET AODRESS CITY-ST-ZIP	D OSTEIG, ASBJORN H 8269 NW 36TH STREET FORT LAUDERDALE FL 33351	<b>⊠</b> Delete	TITLE NAME STREET ADDR		m, - 1 L	33132		Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				Change	Addition		

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

9/5/00 Date (954) 525-3381

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Daytime Phone #

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