

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07880

1. Entity Name

APOLLO BEACH CHAMBER OF COMMERCE, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90011 005 \*\*\*\*61.25

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>6432 HWY. 41 N<br>APOLLO BEACH FL 33572 | Mailing Address<br>6432 HWY. 41 N<br>APOLLO BEACH FL 33572 |
|------------------------------------------------------------------------|------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-2622690                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETERSON, MICHAEL L  
 218 APOLLO BEACH BOULEVARD  
 APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 Peterson, Michael L DATE 4/23/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                    |                                                                                                              |                                                         |                                                                       |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|
| <p><b>FILE NOW:</b><br/> <b>FEE IS \$61.25</b></p> | <p>9. Election Campaign Financing<br/>                 Trust Fund Contribution. <input type="checkbox"/></p> | <p>\$5.00 May Be<br/>                 Added to Fees</p> | <p>Make Check Payable to<br/>                 Department of State</p> |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                        |                                            |
|------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FRIEDRICH, RON<br>250 APOLLO BEACH BLVD<br>APOLLO BEACH FL 33572 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FISHER, BRUCE<br>1025 APOLLO BEACH BLVD<br>APOLLO BEACH FL 33572 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HILTZ, ANNE<br>6025 GOLF & SEA BLVD<br>APOLLO BEACH FL 33572     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WEEDON, RAY<br>839 BIRDIE WAY<br>APOLLO BEACH FL 33572           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                        |                                                                              |
|------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Bruce Schellen<br>PO Box 3646<br>Apollo Beach FL 33572 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Gene King<br>6692 Blatfin Way<br>Apollo Beach FL 33572 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Lee Calvin<br>3024 St. R #674<br>Rushin, FL 33570      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Raymond C. McElm DATE 4/21/2000 DAYTIME PHONE # 813-6451366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)