

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07880

1. Entity Name

APOLLO BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

6432 HWY. 41 N  
APOLLO BEACH FL 33572

Mailing Address

6432 HWY. 41 N  
APOLLO BEACH FL 33572

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

59-2622690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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 PD ☐ Delete  
NAME SCHELLER, BRUCE  
STREET ADDRESS PO BOX 3646  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE VP ☐ Delete  
NAME KING, GENE  
STREET ADDRESS 6602 BLACKFIN WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE SD ☐ Delete  
NAME CALVIN, LEE  
STREET ADDRESS 3024 ST. RT 674  
CITY-ST-ZIP RUSKIN FL 33570

TITLE TD ☐ Delete  
NAME WEEDON, RAY  
STREET ADDRESS 839 BIRDIE WAY  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP ☒ Change ☐ Addition  
NAME Richard Phaban  
STREET ADDRESS 6330 Coccolone Lane  
CITY-ST-ZIP Apollo Beach FL 33572

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90099 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)