

2000 UNIFORM BUSINESS REPORT (UBR)

1/31/00-90006-022-\$61.25-\$61.25

DOCUMENT # N08638

1. Entity Name

GLADES COUNTY CHAMBER OF COMMERCE, INC.

FILED

00 MAR -2 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

U.S. HIGHWAY 27 AND TENTH STREET
PO BOX 490
MOORE HAVEN FL 33471

Mailing Address

P.O. BOX 490
MOORE HAVEN FL 33471-0490
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0520424

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SMELLEY, SUSAN
215 10TH STREET
MOORE HAVEN FL 33471

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	PD	<input type="checkbox"/> Delete
NAME	LEE, TAMMIE	
STREET ADDRESS	40 CYPRESS AVE	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRY, CURTIS	
STREET ADDRESS	111 SAN BENITO	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRY, SUSAN	
STREET ADDRESS	111 SAN BENITO	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRINGTON, JIM	
STREET ADDRESS	280 WESTERN DR	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, CARL	
STREET ADDRESS	950 WESTERN DR. SW	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMELLEY, JAMES JR.	
STREET ADDRESS	215 10TH ST	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Susan Smelley REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

863-946-0440

Date

Daytime Phone

Tammie Lee
Tammie Lee

(President)

2/29/00

863-946-0440

CR2E037 (9/99)