

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08638

1. Entity Name

GLADES COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

998 US 27 N
Moore Haven, FL 33471

P.O. BOX 490
MOORE HAVEN FL 33471
US

2. Principal Place of Business

998 US 27 N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOORE HAVEN FL

City & State

Zip

33471

Country

USA

Country

4. FEI Number

59-0520424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Bryant, Anita C.
830 Western Road
Moore Haven, FL 33471

7. Name and Address of New Registered Agent

Name Bryant, Anita C.

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

830 Western Road

City MOORE HAVEN

FL

Zip Code 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

Anita C. Bryant, Executive Director 3/13/2001

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
NAME Curtis S. Fry
STREET ADDRESS 111 San Benito Avenue
CITY-ST-ZIP Clewiston FL 33440

TITLE VP
NAME Farnam, Aletris
STREET ADDRESS Wagon wheel Road
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE TD
NAME Lee, Tammie
STREET ADDRESS 40 Cypress Ave.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE SEC
NAME Whitney, Carmen
STREET ADDRESS Daniels Road
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D
NAME Herrington, James
STREET ADDRESS 280 Western Road
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D
NAME Fry, Susan
STREET ADDRESS 111 San Benito
CITY-ST-ZIP Clewiston FL 33440

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☒ 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:

Tammie Lee 3/16/01 863-946-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90028 037 *****61.25



DO NOT WRITE IN THIS SPACE