

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10322

1. Entity Name

WILLISTON AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

444 N W MAIN STREET
STE 2
WILLISTON FL 32696
US

P O BOX 369
WILLISTON FL 32696-0369
US

2. Principal Place of Business

40 S. MAIN ST.

3. Mailing Address

P.O. BOX 369

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

N/A

City & State

WILLISTON, FL.

City & State

WILLISTON, FL.

Zip

32696

Country

LEVY

Zip

32696

Country

LEVY

6. Name and Address of Current Registered Agent

LOTT, ANDY
144 SOUTH NOBLE AVENUE
WILLISTON FL 32696

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 ANDY LOTT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRANNAN, SHARON 116 N.E. 6TH AVENUE WILLISTON FL 32696	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMILLEN, STEVE 12 SOUTH MAIN STREET, SUITE B WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACREE, AVA 12 SOUTH MAIN STREET, SUITE A WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOTT, ANDY 144 EAST NOBLE AVENUE WILLISTON FL 32696	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN MCMILLEN 40 S. MAIN ST., SUITE A WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVA ACREE 12 S. MAIN ST. WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JERRY PASTORE 16051 NE 43RD. ST. WILLISTON, FL. 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ANDY LOTT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00

Date

352 528-6277

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90004 034 ****70.00

00000117



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2570520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required