

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90038 021 \*\*\*\*61.25  
 07-24-2002 90142 041 \*\*\*\*61.25

**DOCUMENT # N10322**

1. Entity Name

**WILLISTON AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business

40 S. MAIN ST  
 STE B  
 WILLISTON FL 32696  
 US

Mailing Address

P O BOX 369  
 WILLISTON FL 32696  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2570520**

Applied For

Not Applicable

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

LOTT, ANDY  
 144 EAST NOBLE AVE  
 WILLISTON FL 32696

Name **Allen Todd Etheridge**  
 Street Address (P.O. Box Number Not Acceptable)  
**342 East Noble Street**  
 City **Williston** FL **32696**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**7-22-02**

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 ☒ Delete  
 NAME MCMILLEN, STEPHEN  
 STREET ADDRESS 40 S. MAIN ST STE A  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE PD ☒ Change ☐ Addition  
 NAME Allen Kraft  
 STREET ADDRESS 112 N.E. 6th Ave  
 CITY-ST-ZIP Williston, FL 32696

TITLE TD ☒ Delete  
 NAME LOTT, ANDY  
 STREET ADDRESS 144 EAST NOBLE AVENUE  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE TD ☐ Change ☒ Addition  
 NAME Todd Etheridge  
 STREET ADDRESS Perkins Financial Group (342 E. Noble Ave)  
 CITY-ST-ZIP P.O. Box 788 Williston, FL 32696

TITLE SD ☒ Delete  
 NAME JONES, DEBRA  
 STREET ADDRESS 852 NW 2ND AVE  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE SD ☐ Change ☒ Addition  
 NAME Liz Johnson  
 STREET ADDRESS Sparr Building Supply (240 S. Main St)  
 CITY-ST-ZIP P.O. Box 298 Sparr, FL 32192 Williston 32696

TITLE VD ☐ Delete  
 NAME KRAFT, ALLEN  
 STREET ADDRESS 112 NE 6TH AVE  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE VD ☐ Change ☒ Addition  
 NAME Jerry Pastore  
 STREET ADDRESS 3550 N.E. 162 Ct  
 CITY-ST-ZIP Williston, FL 32696

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 REQUIRED**

1500-02

529-0800

CR2E037 (4/02)