

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90087 022 ****61.25

DOCUMENT # N13329

1. Entity Name

THE GREATER SEFFNER AREA CHAMBER OF COMMERCE, IN

Principal Place of Business

Mailing Address

2314 SO PARSONS AVE
 SEFFNER FL 33584

P.O. BOX 1920
 SEFFNER FL 33583-1920

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

59-2849897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIM MCPEAK
 1725 HWY 60 E
 VALRICO FL 33594

Name **PATRICIA A. MAGRUDER**

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

115 MARGARET ST STE F

City **Brandon**

FL

Zip Code **33511**

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 Patricia A. Magruder, President

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	P	<input checked="" type="checkbox"/> Delete
NAME	JIM MCPEAK	
STREET ADDRESS	1725 HWY 60 E	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	RS	<input type="checkbox"/> Delete
NAME	REV. WALTER TURNER	
STREET ADDRESS	1016 DR ML KING JR BLVD W	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	DR CHARLES POPE	CHANGE
STREET ADDRESS	101 EVANS ST	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUMPKIN, ELVIS	
STREET ADDRESS	6313 BLOCK DAIRY RD	
CITY-ST-ZIP	SEFFNER FL 33584-2948	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEYES, LINDA	
STREET ADDRESS	11710 DR. M.L. KING JR. BLVD.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, LINDA	
STREET ADDRESS	1006 S. TEAKWOOD DR	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA A. MAGRUDER	
STREET ADDRESS	115 MARGARET ST STE F	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Bargo	
STREET ADDRESS	1808 E. Highway 92	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Bennett	
STREET ADDRESS	3902 Corporate Park Dr 22650	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcella Johnson	
STREET ADDRESS	816 Dr. Martin Luther King Blvd W	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY Price	
STREET ADDRESS	1706 S. Kingsway Ave	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arlene Waldron	
STREET ADDRESS	1463 Oakfield Drive Suite 104	
CITY-ST-ZIP	Brandon, FL 33511	

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: Patricia A. Magruder/gaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000

Date

813-854-1154

Daytime Phone #

CR2E037 (9/99)