

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13329

1. Entity Name

THE GREATER SEFFNER AREA CHAMBER OF COMMERCE, IN

Principal Place of Business

2314 SO PARSONS AVE  
SEFFNER FL 33584

Mailing Address

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

6. Name and Address of Current Registered Agent

JIM MCPEAK  
1725 HWY 60 E  
VALRICO FL 33594

7. Name and Address of New Registered Agent

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

TITLE P ☒ Delete  
NAME JIM MCPEAK  
STREET ADDRESS 1725 HWY 60 E  
CITY-ST-ZIP VALRICO FL 33594

TITLE RS ☐ Delete  
NAME REV. WALTER TURNER  
STREET ADDRESS 1016 DR ML KING JR BLVD W  
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Delete  
NAME DR CHARLES POPE  
STREET ADDRESS 101 EVANS ST  
CITY-ST-ZIP BRANDON FL 33510

TITLE D ☐ Delete  
NAME LUMPKIN, ELVIS  
STREET ADDRESS 6313 BLOCK DAIRY RD  
CITY-ST-ZIP SEFFNER FL 33584-2948

TITLE D ☒ Delete  
NAME KEYES, LINDA  
STREET ADDRESS 11710 DR. M. L. KING JR. BLVD.  
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Delete  
NAME THOMAS, LINDA  
STREET ADDRESS 1006 S. TEAKWOOD DR  
CITY-ST-ZIP PLANT CITY FL 33566

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME PATRICIA A. Magruder  
STREET ADDRESS 115 MARGARET ST STE F  
CITY-ST-ZIP BRANDON, FL 33511

TITLE D ☐ Change ☒ Addition  
NAME James Bargo  
STREET ADDRESS 1808 E. Highway 92  
CITY-ST-ZIP Seffner, FL 33584

TITLE V/P ☐ Change ☒ Addition  
NAME John Bennett  
STREET ADDRESS 3902 Corporate Park Dr Ste 650  
CITY-ST-ZIP Tampa, FL 33619

TITLE T ☐ Change ☒ Addition  
NAME Marcella Johnson  
STREET ADDRESS 816 Dr. Martin Luther King Blvd W  
CITY-ST-ZIP Seffner, FL 33584

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME BRADLEY Price  
STREET ADDRESS 1706 S. Kingsway Ave  
CITY-ST-ZIP Seffner, FL 33584

TITLE D ☐ Change ☒ 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/gau  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000  
Date

813-854-1154  
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE