

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-28-2002 91731 036 ****61.25

DOCUMENT # N13329

1. Entity Name

THE GREATER SEFFNER AREA CHAMBER OF COMMERCE, IN C.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGRUDER, PATRICIA A
115 MARGARET ST
STE F
BRANDON FL 33511

Name **Jeffrey Bassett**

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

701 Dr. ML King, Jr. Blvd.

City **Seffner**

FL

Zip Code **33584**

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PEO	<input type="checkbox"/> Delete
NAME	MAGRUDE, PATRICIA A	
STREET ADDRESS	115 MARGARET ST STE F	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBSON, GAYLE	
STREET ADDRESS	1707 PARONS AVENUE S	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENNETT, JOHN	
STREET ADDRESS	3902 CORPORATE PARK DR STE 650	
CITY-ST-ZIP	TAMPA FL 33619	
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 type="checkbox"/> Delete
NAME	PRICE, BRADLEY	
STREET ADDRESS	1706 S KINGS WAY AVE	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRUDER, Patricia A	
STREET ADDRESS	115 MARGARET ST STE F	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Bassett	
STREET ADDRESS	701 Dr. ML King, Jr. Blvd.	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Haggabook	
STREET ADDRESS	702 N. Franklin Street	
CITY-ST-ZIP	Tampa, FL 33601	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Bargo	
STREET ADDRESS	11808 E. Hwy 9a	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Charles Pope	
STREET ADDRESS	101 Evans St.	
CITY-ST-ZIP	Brandon, FL 33510	

CR2E037 (4/02)

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**

7/23/02 813-451-4502