

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90233 003 \*\*\*\*61.25



**DOCUMENT # N13329**

1. Entity Name  
**THE GREATER SEFFNER AREA CHAMBER OF COMMERCE, IN  
C.**

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2849897**

Applied For  
Not Applicable



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

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

**BOSSETT, JEFFREY  
701 DR M.L. KING, JR. BLVD  
SEFFNER FL 33584**

Name **Bassett, Jeffrey**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 Dr. M.L. 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

2/16/03  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAGRUFER, PATRICIA A</b>	
STREET ADDRESS	<b>115 MARGARET STREET SUITE F</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROBSON, GAYLE</b>	
STREET ADDRESS	<b>1707 PARONS AVENUE S</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BASSETT, JEFFREY</b>	
STREET ADDRESS	<b>701 DR. M.L. KING, JR. BLVD</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUGABOOK, EARL</b>	
STREET ADDRESS	<b>702 N FRANKLIN STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARGO, JAMES</b>	
STREET ADDRESS	<b>11808 E HWY 92</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POPE, CHARLES</b>	
STREET ADDRESS	<b>101 EVANS STREET</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	

TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cheri Smith</b>	
STREET ADDRESS	<b>Holiday Inn Express</b>	
CITY-ST-ZIP	<b>510 Grand regency Blvd. Brandon FL 33510</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jill Clements</b>	
STREET ADDRESS	<b>1209 Deepwood Ct.</b>	
CITY-ST-ZIP	<b>Brandon FL 33511</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

2/16/03

(813) 651-4508

CR2E037 (10/02)