

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18412

1. Entity Name

MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE, INC

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90035 045 ****61.25

Principal Place of Business

Mailing Address

1005 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4782

1005 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1166430

Applied For

Not Applicable

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

BOHLMANN, LEE
1005 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4782

Name

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

City

FL

Zip Code

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

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** ☐ Delete
NAME **BOHLMANN, LEE**
STREET ADDRESS **1005 E STRAWBRIDGE AVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☒ Change ☐ Addition
NAME **Bohlmann, Lee**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STUHL MILLER, ROBERT**
STREET ADDRESS **1800 PENN STREET #3**
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE **D** ☐ Delete
NAME **GODWIN, JEFF**
STREET ADDRESS **4020 S BABCOCK STREET**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **D** ☒ Delete
NAME **WILKOF, DONALD**
STREET ADDRESS **1025 W NASA BLVD**
CITY-ST-ZIP **MELBOURNE FL 32919**

TITLE **D** ☐ Change ☒ Addition
NAME **James Dwight**
STREET ADDRESS **1950 S. Academy Drive**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☒ Delete
NAME **MARTO, JOSEPH**
STREET ADDRESS **1801 W HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Change ☒ Addition
NAME **Jean Holmes**
STREET ADDRESS **1300 S. Babcock Street**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Delete
NAME **FITZGERALD, PAM**
STREET ADDRESS **15 W HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)