

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

DOCUMENT # N18412

1. Entity Name  
**MELBOURNE-PALM BAY AREA CHAMBER OF COMMERCE, INC**



Principal Place of Business  
**1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE FL 32901-4782**

Mailing Address  
**1005 EAST STRAWBRIDGE AVENUE  
MELBOURNE FL 32901-4782**

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 **59-1166430**

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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Delete  
NAME **D. TURNER, KIMBERLY**  
STREET ADDRESS **1270 N WICKHAM RD STE 7**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☒ Addition  
NAME **D. A. O'Connell**  
STREET ADDRESS **200 E Sheridan Rd**  
CITY-ST-ZIP **Melbourne, FL 32901-3142**

TITLE ☐ Delete  
NAME **D. MEAD, DOUG**  
STREET ADDRESS **1301 W EAU GALIE BLVD STE 100**  
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete  
NAME **D. BLEVINS, JIM**  
STREET ADDRESS **1480 PALM BAY RD. NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

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

TITLE ☒ Delete  
NAME **D. DWIGHT, JAMES**  
STREET ADDRESS **1950 S ACADEMY DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE ☐ Delete  
NAME **D. BARTOK, MARGE**  
STREET ADDRESS **1600 SARNO RD UNIT 15**  
CITY-ST-ZIP **MELBOURNE FL 32935**

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]*

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90104 027 \*\*\*\*61.25



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)