FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # N21076 Secretary of State** 1. Entity Name ENGLEWOOD AREA CHAMBER OF COMMERCE, INC. 02-01-2001 90030 048 ****61.25 Principal Place of Business Mailing Address 601 S INDIANA AVE 601 S INDIANA AVE 100000 ENGLEWOOD FL 34223-3788 ENGLEWOOD FL 34223-3788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0876627 Not Applicable Country Zip Country \$8.75 Additional 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RUST PIERCE, LINDA 601 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223 City Zio 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. Linda Rust Pierce, Executive Director (NOTE: Registered Agent signature required when reinstating) DATE 01/12/01 ature, typed or printed lame of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition WITKOWSKI, RAY SR NAME NAME 80 WEST DEARBORN STREET STREET ADDRESS STREET ADORESS 1819 MAIN STREET, SUITE 315 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 SARASOTA FL 34230 TITLE TITLE ☐ Addition ☐ Delete TX Change STEPHENS. HERB NAME. NAME STREET ADDRESS 4212 NORTH ACCESS RD, #B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Change Addition TITLE TITLE □ Delete NAME FLATT, WAYNE NAME STREET ADDRESS 51 BAY HEIGHTS WEST STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP TITLE ☐ Delete TITI F TX Change ☐ Addition CAPASSO, LANG NAME NAME STREET ADDRESS 167 WEST DEARBORN STREET STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE PRESSLY, DAWN NAME NAME STREET ADDRESS 298 SOUTH INDIANA AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE ☐ Delete TITLE Change ☐ Addition NAME HAZELTINE, SHELLI NAME STREET ADDRESS 296 HARVARD DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VENICE FL 34293

SIGNATURE: Date Daytime Phone #

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.

ADDITIONS TO OFFICERS AND DIRECTORS IN 10

D DON ATAMANCHUK 2045 NORTH BEACH ROAD ENGLEWOOD FL 34223

D JILL LEAH 255 NORTH DRIVE ENGLEWOOD FL 34223

D ROBERT C. MEADE 700 MEDICAL BOULEVARD ENGLEWOOD FL 34223

VD PETER MASON 699 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223

D JOHN MEAD 425 WEST DEARBORN STREET ENGLEWOOD FL 34223

D BETH HARRISON 601 SOUTH TAMIAMI TRAIL VENICE FL 34285 AHOCHMENT Doct+ N21076 708353