2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90055 002 ****61.25

0051342

DOCUMENT # N21076

1. Entity Name

ENGLEWOOD AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US	601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US

DO NOT WRITE IN THIS SPACE

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 59-0876627 ☐ 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
RUST PIERCE, LINDA 601 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITKOWSKI, RAY SR 1819 MAIN STREET, SUITE 315 SARASOTA FL 34230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MASON, PETER O 699 S INDIANA AVENUE ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, HERB 4212 NORTH ACCESS RD, #B ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LEAH, JILL 8000 TAMIAMI TRAIL VENICE FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLATT, WAYNE 51 BAY HEIGHTS WEST ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D MERCIER, LETETIA M 508 N INDIANA AVENUE ENGLEWOOD FL #$@@#	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPASSO, LANG 167 WEST DEARBORN STREET ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRESSLY, DAWN 298 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAZELTINE, SHELLI 296 HARVARD DR VENICE FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNETT, ROBERT K 2001 S MCCALL ROAD, SUITE D ENGLEWOOD FL 34223	☐ Change ☒ Addition

CR2E037 (9/01)

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: Peter O. Mason SIGNATURE REQUIRED Peter O. Mason, President 03/18/02 941-474-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #