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

DOCUMENT # N21076

1. Entity Name

ENGLEWOOD-CAPE HAZE AREA CHAMBER OF COMMERCE, IN C.



FILED Jan 14, 2003 8:00 am § Secretary of State

01-14-2003 90048 023 ****61.25

				I	00 WE 15	r				
Principal P	lace of Business	Ma	iling Address			-				
601 S INDIANA AVE 60 ENGLEWOOD FL 34223-3788 EN			601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US							
2. Principa	Il Place of Business	ailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State							
7'-	·					4. FEI Number 50	4. FEI Number 59-0876627 Applied Fo			
Zip ————	Country		Zip	Coun	itry	5. Certificate of St.	atus Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address	of Current Registe	red Agent		- **	7, Name and Add	ress of New Registe		160	
					Name		Total or item riegiste	red Agent		
	, LINDA IUTH INDIANA AVENUE		Street Address		ss (P.O. Box Number is N	lot Accentable)	<u>-</u> "	·		
	NOOD FL 34223			}					<u>.</u>	
				-	City			Zip Co	de	
8. The abov	ve named entity submits this stations of registered agent.	tatement for the pur	nose of changing it	to registered	lo#ing av					
the oblig	· · ·	-terrient for the par	pose of changing it	is registered	onice or regis	stered agent, or both, in t	he State of Florida.	am familiar with	, and accept	
į							/	/		
SIGNATURE							01/10	<i>lo</i> 3		
	Signature, typed or printed name of re	gistered agent and title if ap	oplicable. (NO	TE: Registered A	gent signature requ	uired when reinstating)	DA	TE		
FILE NOW: FEE IS \$61.25 9. Election Car Trust Fund C						\$5.00 May Be Added to Fees	Make Ch Florida Dep	eck Payable partment of	to State	
10.	OFFICER	S AND DIRECTORS	3_	11,		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	1.10	
TITLE	PD		☐ Delete	TITLE	D		3 10 31 10 E110 7111B	Change	Addition	
NAME	MASON, PETER O			NAME	1			Onlingt	Addition	
STREET ADDRESS CITY-ST-ZIP	A COS O MADINIAN VACIANCE	:			ADDRESS					
	ENGLEWOOD FL 34223			CITY-ST	- ZIP					
title Name	LEAH, JILL		☐ Delete	TITLE		-		☐ Change	Addition	
STREET ADDRESS				NAME						
CITY-ST-ZIP	VENICE FL 34293			STREET A	I					
TITLE	TD			CITY-ST	-ZIP	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · ·		
NAME	MERCIER, LETETIA M		☐ Delete	TITLE				Change	Addition	
TREET ADDRESS				NAME Street a	DDRESS	•				
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-	ı					
ITLE	D	· · · · · ·	☐ Delete	TITLE						
AME	CAPASSO, LANG			NAME				Change	☐ Addition	
TREET ADDRESS	167 West Dearborn S	TREET		STREET A	DDRESS					
ITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-	ZIP					
TLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	
AME	PRESSLY, DAWN			NAME				∟ change	☐ Addition	
TREET ADDRESS	298 SOUTH INDIANA AV	ENUE		STREET AL	odress					
ITY-ST-ZIP	ENGLEWOOD FL 34223	·		CITY-ST-	ZIP					
TLE	D CONTRACT	·. 	☐ Delete	TITLE	<u>" </u>			☐ Change	☐ Addition	
AME	KENNETT, ROBERT K		٠	NAME	**-				Additio(I	
REET ADDRESS	2001 S MCCALL RD,SUIT	ΕD		STREET AD						
TY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-Z	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

CITY-ST-ZIP

SIGNATURE: \(\)

941-270-0456

ATTACHMENT# N21076

PD JOHN MEAD 2200 FORKED CREEK ROAD ENGLEWOOD FL 34223

VD BRUCE SCHRAM 1499 SOUTH MCCALL ROAD, SUITE C ENGLEWOOD FL 34223

D HOYT FALLIN 8725 PLACIDA ROAD CAPE HAZE FL 33946

D BILL STINE 100 ROTONDA CIRCLE ROTONDA WEST FL 33947

D ROBERT MEADE 700 MEDICAL BOULEVARD ENGLEWOOD FL 34223

D JONATHAN COLE 900 PINE STREET, SUITE 225 ENGLEWOOD FL 34223