

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90018 034 ****61.25

DOCUMENT # N29741

1. Entity Name

CENTURY CHAMBER OF COMMERCE INCORPORATED

Principal Place of Business

Mailing Address

~~HIGHWAY 4~~
P.O. BOX 857
CENTURY FL 32535

~~HIGHWAY 4~~
P.O. BOX 857
CENTURY FL 32535-0857

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2931610

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

BROOKS, ANN
9302 N CENTURY BLVD
CENTURY FL 32535

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

Ann C. Brooks

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2000

FILE NOW:
FEF 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

TITLE **D** ☐ Delete
NAME **HOLLINGSHEAD, MELINDA**
STREET ADDRESS **1715 CAMPBELL RD**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE **D** ☐ Delete
NAME **BARNES, BENNY**
STREET ADDRESS **619 4TH ST**
CITY-ST-ZIP **CENTURY FL**

TITLE **ST** ☒ Delete
NAME **MCCALL, MARGIE**
STREET ADDRESS **9500 SHADY LANE**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE **D** ☐ Delete
NAME **ROBINSON, LEE**
STREET ADDRESS **4301 CREIGHTON ROAD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **DOCKENS, DONALD**
STREET ADDRESS **6082 INDUSTRIAL BLVD**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE **D** ☐ Delete
NAME **THOMAS, JOE**
STREET ADDRESS **P O DRAWER F**
CITY-ST-ZIP **FLOMATON AL 36441**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **Secretary**
Ferryn Twarkins
STREET ADDRESS **4932 Woodbine Road**
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ann C. Brooks **Ann C. Brooks President**

Date

Daytime Phone #

1/20/2000 850-236-2111