

2000 UNIFORM BUSINESS REPORT (UBR)

2/3/0

FILED

Apr 18, 2000 8:00 am
Secretary of State

02-03-2000 90016 032 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N31070

1. Entity Name

THE GOLDEN GATE AREA CHAMBER OF COMMERCE, INCORP

Principal Place of Business

Mailing Address

3847 TOLLGATE BLVD
NAPLES S 34114
US3847 TOLLGATE BLVD
NAPLES S 34114-5487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101226

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

STEWART, JAMES C JR
2121 CR 951
101
GOLDEN GATE FL 34116

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR, WILLIAM	
STREET ADDRESS	4895 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BATES, WESLEY	
STREET ADDRESS	4660 1ST AVE SW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TARGETT, JEANNE	
STREET ADDRESS	3898 29TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCHNER, RICK	
STREET ADDRESS	3845 TOLLGATE BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO VALLE	
STREET ADDRESS	961 MURCOTT DR	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA HARTMAN	
STREET ADDRESS	794 17th St NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Owens	
STREET ADDRESS	221 10th St SE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL TUFF	
STREET ADDRESS	2301 CR 951 #C	
CITY-ST-ZIP	GOLDEN GATE FL 34116	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Fortune	
STREET ADDRESS	PO Box 990010	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 941-455-7254