

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31121

1. Entity Name

FLORIDA CENTER CHAMBER OF COMMERCE INCORPORATED

Principal Place of Business

6250 PARC CORNICLE DR
ORLANDO FL 32821
US

Mailing Address

6250 PARC CORNICLE DR
ORLANDO FL 32821-7369
US

2. Principal Place of Business

5850 LAKEHURST DR
SUITE 100
ORLANDO, FL
32819 USA

3. Mailing Address

5850 LAKEHURST DR.
SUITE 100
ORLANDO, FL
32819 USA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2945812

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, MARTIN P.
7050 KIRKMAN ROAD
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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

TITLE	D	☒ Delete
NAME	KEARNEY, CLAY	
STREET ADDRESS	5850 LAKEHURST DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ Delete
NAME	NELSON, MARQUITA	
STREET ADDRESS	1100 ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	☒ Delete
NAME	GARRISON, DEB	
STREET ADDRESS	6165 CARRIER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	☒ Delete
NAME	MCPHERSON, BETTY	
STREET ADDRESS	220 STORY ROAD	
CITY-ST-ZIP	OCFEE FL	
TITLE	D	☐ Delete
NAME	FRIEND, KAREN	
STREET ADDRESS	13500 ST. ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	GULASA, RON	
STREET ADDRESS	8738 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	RICHARD JACKSON	
STREET ADDRESS	1000 Universal Studios	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	V	☐ Change ☒ Addition
NAME	CHAD MARTIN	
STREET ADDRESS	9101 International Dr.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	S	☐ Change ☒ Addition
NAME	GARY MERTZ	
STREET ADDRESS	6515 International Dr.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	☐ Change ☒ Addition
NAME	LEN LESSER	
STREET ADDRESS	8600 Irla Branson Hwy.	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	DB	☐ Change ☒ Addition
NAME	Sybilie Pritchard	
STREET ADDRESS	401 W. Colonial Dr. Ste 7	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	☐ Change ☒ Addition
NAME	STEVE KUMER	
STREET ADDRESS	9350 TURKEY LAKE ROAD	
CITY-ST-ZIP	ORLANDO, FL 32819	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 407-903-0084
Date Daytime Phone #

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90968 038 ****61.25

00004004



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

N31121

150044834

D

Barbara Kenney
KENNEY COMMUNICATIONS
2095 Premiere Row
Orlando, Fl. 32809

D

Thomas Blehl
AMBULATORY HEALTH
14421 International Drive
Orlando, Fl. 32821

D

Maria Triscari
INTERNATIONAL DRIVE RESORT AREA CHAMBER C
COMMERCE
5850 Lakehurst Drive Suite 100
Orlando, Fl. 32819