## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31549

**FILED** Feb 25, 2003 Secretary of State

Entity Name: WESTON AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O JACK MILLER 1290 WESTON ROAD #200 WESTON, FL 33326

**New Mailing Address: Current Mailing Address:** 

C/O JACK MILLER 1290 WESTON ROAD #200 WESTON, FL 33326

FEI Number: 65-0111523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADELKOPF, DONNA ADELKOPF, DONNA 1290 WESTON ROAD #200 1290 WESTON ROAD WESTON, FL 33326 200 WESTON, FL 33326 US

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.

City-St-Zip:

SIGNATURE: DONNA ADELKOPF 02/25/2003

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MILLER, JACK, MILLER, JACK PD Name: Name: 1290 WESTON RD #200 Address: 1290 WESTON RD #200 Address:

WESTON, FL 33326 City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: CD Title:

(X) Change ( ) Addition () Delete WHITFIELD, JOANNE C Name: WHITFIELD, JOANNE C CD Name: Address: 1290 WESTON RD #200 Address: 1290 WESTON RD #200 City-St-Zip: WESTON, FL City-St-Zip: WESTON, FL 33326

Title: DVS () Delete Title: (X) Change ( ) Addition ADELKOPF, DONNA ADELKOPF, DONNA DVS Name: Name: 1290 WESTON RD #200 Address: Address: 1290 WESTON RD #200

City-St-Zip: WESTON, FL City-St-Zip: WESTON, FL 33326

Title: DVT ( ) Delete Title: () Change () Addition Name: MILLER, CAROLE D Name: Address: 1290 WESTON RD #200 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JACK MILLER PD 02/25/2003