

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31863

1. Entity Name

PALM BAY AREA CHAMBER OF COMMERCE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90048 041 ****61.25

Principal Place of Business 1153 MALABAR RD NE STE 18 INTERCHANGE SQUARE PALM BAY FL 32907	Mailing Address 1153 MALABAR RD NE STE 18 INTERCHANGE SQUARE PALM BAY FL 32907-3264
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2991587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SIMON, HANK
481 TOPEKA RD SW
SUITE 18
PALM BAY FL 32908

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 **4/12/00**
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	SD	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL	
STREET ADDRESS	1766 CANOVA ST SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	DOMONOUSKY, NANCY	
STREET ADDRESS	765 SE SEVEN GABLES CIR	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILSON, BILL	
STREET ADDRESS	741 MONTCLAIR RD, NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	NUNGESSER, GARY T	
STREET ADDRESS	1036 SANDY LANE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEDWELL, ANITA	
STREET ADDRESS	578 BALCOM TERR ST	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Cheryl	
STREET ADDRESS	1766 Canova St. SE	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	CED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Domonousky, Nancy	
STREET ADDRESS	765 SE Seven Gables Cir	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Bill	
STREET ADDRESS	741 Montclair Rd. NE	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Reilly	
STREET ADDRESS	1900 Palm Bay Rd. NE, #10	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **4-18-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)