

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32270

1. Entity Name

VERO BEACH - INDIAN RIVER COUNTY CHAMBER OF COMM

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90009 050 ****61.25

Principal Place of Business

Mailing Address

C/O PENNY S. CHANDLER
1216-21ST STREET
VERO BEACH FL 32960
US

1216-21ST STREET
1216-21ST STREET
VERO BEACH FL 32960-3454
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0493830

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

CHANDLER, PENNY S.
1216-21ST STREET
VERO BEACH FL 32960

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CURTIS, BIL**
STREET ADDRESS **1216 21ST STREET**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **T** ☐ Change ☒ Addition
NAME **JAY HART**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BEACH, FL**

TITLE **D** ☐ Delete
NAME **BRENNAN, RON**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BCH FL**

TITLE **V** ☒ Change ☐ Addition
NAME **BRENNAN, RON**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BCH., FL**

TITLE **V** ☒ Delete
NAME **HALL, LYNN**
STREET ADDRESS **1216 21 ST. STREET**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **FAILLER, PATRICK**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BEACH, FL**

TITLE **T** ☐ Delete
NAME **SCHLITT, LOUIS**
STREET ADDRESS **1216-21ST ST**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☒ Change ☐ Addition
NAME **SCHLITT, LOUIS**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BEACH, FL**

TITLE **S** ☐ Delete
NAME **CHANDLER, PENNY**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SULLIVAN, DAVID**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Change ☐ Addition
NAME **POLCE, JOE**
STREET ADDRESS **1216-21ST STREET**
CITY-ST-ZIP **VERO BEACH, FL**

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:

Penny Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny Chandler 1/18/2000 (561) 567-3491

Date

Daytime Phone #

CR2E037 (9/99)