

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32683

1. Entity Name

GREATER LAKE PLACID CHAMBER OF COMMERCE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90067 016 ****61.25

Principal Place of Business 18 N OAK STREET LAKE PLACID FL 33852 US	Mailing Address 18 N OAK STREET LAKE PLACID FL 33852-9546 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1026434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

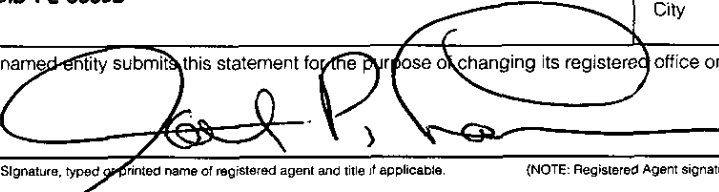
6. Name and Address of Current Registered Agent

LOWMAN, JOEL P
18 N OAK STREET
LAKE PLACID FL 33852

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  DATE **4-24-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, KATHY	
STREET ADDRESS	242 CENTRAL AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TALLET, JOHN	
STREET ADDRESS	7 LYKES ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STALLS, SONNY	
STREET ADDRESS	P.O. BOX 1317	
CITY-ST-ZIP	LAKE PLACID FL 33862	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWMAN, JOEL P	
STREET ADDRESS	18 N OAK STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANEI, JAN	
STREET ADDRESS	133 MYRTLE BUSH LANE	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JENNIS WARKER	
STREET ADDRESS	2203 U.S. 27N.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:  DATE: **4-24-2000** (863) 465-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)