2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90041 013 ****70.00

DOCUMENT # N36296

1. Entity Name

PUTNAM CHAMBER EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O PUTNAM COUNTY CHAMBER OF COMMERCE 1100 REID ST. PALATKA FL 32177	C/O PUTNAM COUNTY CHAMBER OF COMMERCE 1100 REID ST. PALATKA FL 32177-3653

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 59-3014872 ☐ Applied For ☐ Not Applicable

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
LARSON II, CHARLES W 1100 REID STREET PALATKA FL 32177-0653	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTMAN, JIM HWY 17 N PALATKA FL 32178	☑ Delete	D Bill Thompson 300 Highway 19 North Palatka, FL 32177	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REINER, STUART 926 N SUMMIT ST CRESCENT CITY FL 32112	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LARSON, C. W., II 1100 REID ST. PALATKA FL	☐ Delete	T Mike Glenn 500 N. Summit St Crescent City, FL 32112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, W W 602 REED ST PALATKA FL 32177	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWE, JOHN D. HWY 19 SOUTH AT SEARS PLAZA PALATKA FL 32177	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, MELISSA 5001 ST. JOHNS AVE. PALATKA FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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] REQUIRED 3-1-2000 904-328-1503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #