

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36461

1. Entity Name

GREATER DAVENPORT CHAMBER OF COMMERCE, INC.

Principal Place of Business

P.O. BOX 994
DAVENPORT FL 33837

Mailing Address

P.O. BOX 994
DAVENPORT FL 33837

2. Principal Place of Business

Alapaha Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 994
Suite, Apt. #, etc.

City & State

Davenport FL

Zip
33837

Country

FL

City & State

Davenport FL

Zip

33836

Country

FL

4. FEI Number

59-1214092

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRENE N. LEMKE
102 GOLF CREST LANE
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name: Amy M. Atkinson
Street Address (P.O. Box Number is Not Acceptable)
116 E. Palmetto St.
OR CofC P.O. Box 994 Zip 33836
City: Davenport FL FL Zip Code 33837

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITMORE, GLENDA S	
STREET ADDRESS	S. BLVD	
CITY-ST-ZIP	DAVENPORT FL 33836	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRY S. ACKROYD	
STREET ADDRESS	P.O. BOX 3	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAFZIGER, CHARLES	
STREET ADDRESS	W. MAPLE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, H B	
STREET ADDRESS	P O BOX N/A, 1257 CYPRESS ST	
CITY-ST-ZIP	DAVENPORT FL 33836	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIMBREL, MILLIE	
STREET ADDRESS	116 W CYPRESS	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKNIGHT, LOUIS	
STREET ADDRESS	E. LEMON STREET	
CITY-ST-ZIP	DAVENPORT FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT ESPOSITO JR	
STREET ADDRESS	1325 Hwy 27 N.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terri Cannon	
STREET ADDRESS	313 E. Pine St.	
CITY-ST-ZIP	Davenport FL 33837	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nafziger, Charles	
STREET ADDRESS	13 W. Maple St.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis MOORE	
STREET ADDRESS	1009 Hwy 17-92 N.	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	<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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amy M. Atkinson 3/02/01 422-0101

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90505 048 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)