

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

Apr 19, 2000 8:00 am
Secretary of State

02-08-2000 90039 018 *****70.00

DOCUMENT # N37095

1. Entity Name

SOUTH LAKE CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

691 W. MONTROSE STREET
CLERMONT FL 34712P.O. BOX 120417
CLERMONT FL 347120417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0573859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WYNN, W. SCOTT
145 E BROAD ST
GROVELAND FL 34738

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.

WILLIAM H. STOCKTON
SIGNATURE *William H. Stockton* EXECUTIVE DIRECTOR1/28/00
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLEY, RAY	
STREET ADDRESS	847 8TH ST	
CITY-ST-ZIP	CLERMONT FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TURNER, WAYNE	
STREET ADDRESS	833 W SR 50	
CITY-ST-ZIP	CLERMONT FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BIDDLE, JEFF	
STREET ADDRESS	182 W ST RD 50	
CITY-ST-ZIP	CLERMONT FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, BETH	
STREET ADDRESS	P.O BOX 120127 N/A	
CITY-ST-ZIP	CLERMONT FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	HOFFER, BRIAN	
STREET ADDRESS	220 E DESOTO STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKTON, HOWARD	
STREET ADDRESS	12433 LAKE RIDGE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUE KROTKY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMMY CRAWFORD	
STREET ADDRESS	1380 GRAND HIGHWAY	
CITY-ST-ZIP	CLERMONT FL 34711	
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	VICE-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		

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: *William H. Stockton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/28/00
Date352-384-4191
Daytime Phone #