

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90005 047 ****61.25

DOCUMENT # N37095

1. Entity Name

SOUTH LAKE CHAMBER OF COMMERCE, INC.

Principal Place of Business

691 W. MONTROSE STREET
 CLERMONT FL 34712

Mailing Address

P.O. BOX 120417
 CLERMONT FL 34712

A0077304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0573859

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

WYNN, W. SCOTT
145 E BROAD ST
GROVELAND FL 34736

Name

JIMMY CRAWFORD

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

1380 GRAND HIGHWAY

City

CLERMONT

FL

Zip Code
34711

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

After September 12, 2001, min. will be \$236.25

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 **SD** ☒ Delete
 NAME **KROTKY, SUE**
 STREET ADDRESS **847 8TH ST**
 CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ Change ☒ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **SHANNON ELSWICK**
 CITY-ST-ZIP **847 8TH STREET**
CLERMONT FL 34711

TITLE **TD** ☐ Delete
 NAME **CRAWFORD, JIMMY**
 STREET ADDRESS **1380 GRAND HIGHWAY**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
 NAME **BOARD OF DIRECTORS**

TITLE **PD** ☐ Delete
 NAME **BIDDLE, JEFF**
 STREET ADDRESS **182 W ST RD 50**
 CITY-ST-ZIP **CLERMONT FL**

TITLE ☒ Change ☐ Addition
 NAME **BOARD OF DIRECTORS**

TITLE **VPD** ☐ Delete
 NAME **HOFFER, BRIAN**
 STREET ADDRESS **220 E. DESOTO STREET**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**

TITLE **D** ☐ Delete
 NAME **STOCKTON, HOWARD**
 STREET ADDRESS **12433 LAKE RIDGE CIRCLE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **BILL EYERLY**
 CITY-ST-ZIP **324 W. ORANGE ST.**
GROVELAND, FL 34711

TITLE ☐ Delete
 NAME **SUSY GIBSON**
 STREET ADDRESS **SECRETARY**
 CITY-ST-ZIP **789 W. SR 50**
CLERMONT FL 34711

TITLE ☐ Change ☒ Addition
 NAME **SUSY GIBSON**
 STREET ADDRESS **SECRETARY**
 CITY-ST-ZIP **789 W. SR 50**
CLERMONT FL 34711

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** **WILLIAM H. STOCKTON** **7/6/01** **352-394-4191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)