

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90136 050 ****61.25

DOCUMENT # N40751

1. Entity Name

DEERFIELD BEACH CHAMBER OF COMMERCE

Principal Place of Business

DEERFIELD BCH CHAMBER OF COMMERCE
 1601 E HILLSBORO BLVD.
 DEERFIELD BCH. FL 33441
 US

Mailing Address

KAREN PARAMORE
 1601 E HILLSBORO BLVD.
 DEERFIELD BCH. FL 33441
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Janyce Becker

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0691318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BECKER, JANYCE
1601 E HILLSBORO BLVD.
DEERFIELD BCH. FL 33441

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

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	DVC	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	2501 S FEDERAL HWY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, GIL	
STREET ADDRESS	1428 SE 4TH AVE	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	SCOTT, ISABELLA	
STREET ADDRESS	1300 E. HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	KASSAB, LYNN	
STREET ADDRESS	ONE STAINLESS PLZ	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PARRAMORE, KAREN	
STREET ADDRESS	10 FAIRWAY DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	WELLBERY, BILL C	
STREET ADDRESS	665 SE 10TH ST STE 100	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monica Wesoslowski	
STREET ADDRESS	333 SW 12 Avenue	
CITY-ST-ZIP	Deerfield Beach, FL. 33442-3196	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darin Gull	
STREET ADDRESS	438 W. Hillsboro Blvd	
CITY-ST-ZIP	Deerfield Beach, FL. 33441-1697	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Polly O. Wilkie	
STREET ADDRESS	1489 West Palmetto Park Road, Suite 300	
CITY-ST-ZIP	Boca Raton, FL. 33486	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anita Cruz	
STREET ADDRESS	1402 SW 25 Avenue	
CITY-ST-ZIP	Deerfield Beach, FL. 33442-6013	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blake Harmon	
STREET ADDRESS	665 SE 10 Street, Suite 201	
CITY-ST-ZIP	Deerfield Beach, FL. 33441-5634	
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd Littlejohn	
STREET ADDRESS	790 NW 1st Ave	
CITY-ST-ZIP	Deerfield Beach, FL. 33441	

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 #

3/9/01 9544271050

CR2E037 (10/00)