

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42617

1. Entity Name

BRONSON CHAMBER OF COMMERCE, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90335 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P O BOX 1450  
BRONSON FL 32621

P O BOX 1450  
BRONSON FL 32621-1450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3068885

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

MILLER, SPENCER  
151 HATHAWAY AVENUE  
BRONSON FL 32621

Name

Patricia A. Roberts

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

604 East Hathaway Ave.

City

Bronson

FL

Zip Code  
32621

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

*Patricia A. Roberts*

Patricia A. Roberts

May 1, 2000

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 **D** ☒ Delete  
NAME **MILLER, SPENCER**  
STREET ADDRESS **151 HATHAWAY AVENUE**  
CITY-ST-ZIP **BRONSON FL 32621**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Robert Frazier**  
STREET ADDRESS **9190 NE HWY 27A**  
CITY-ST-ZIP **Bronson, FL 32621**

TITLE **D** ☐ Delete  
NAME **JANNEY, LOU**  
STREET ADDRESS **P.O. BOX 160 N/A**  
CITY-ST-ZIP **BRONSON FL 32621**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Annie Sims**  
STREET ADDRESS **140 E Hathaway Ave**  
CITY-ST-ZIP **Bronson, FL 32621**

TITLE **D** ☐ Delete  
NAME **BARR, LIBBY**  
STREET ADDRESS **P.O. BOX N/A**  
CITY-ST-ZIP **BRONSON FL 32621**

TITLE **Vice-President** ☐ Change ☒ Addition  
NAME **Phylliss Cowart**  
STREET ADDRESS **13950 NE 80th Ave**  
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **ST** ☐ Delete  
NAME **ROBERTS, PAT**  
STREET ADDRESS **26824 S.W. 127TH AVENUE**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **President** ☒ Change ☐ Addition  
NAME **Roberts, Patricia A.**  
STREET ADDRESS **26824 SW 127th Ave**  
CITY-ST-ZIP **Newberry, FL 32669**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Robbie Blake**  
STREET ADDRESS **310 Main Ave**  
CITY-ST-ZIP **Bronson, FL 32621**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Patricia A. Roberts* **Patricia A. Roberts** 5/1/00 (352) 486-2872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)