

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90233 024 ****61.25

DOCUMENT # N42617

1. Entity Name

BRONSON CHAMBER OF COMMERCE, INC.

Principal Place of Business

P O BOX 1450
 BRONSON FL 32621

Mailing Address

P O BOX 1450
 BRONSON FL 32621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3068885**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, PATRICIA A
604 E HATHAWAY AVE
BRONSON FL 32621

Annie Sims
PO Box 1450
Bronson FL 32621

Name *Annie Sims*

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

140 E Hathaway PO Box 1450

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

Annie Sims

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/01

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	D	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT	
STREET ADDRESS	9190 NW HWY 27A	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANNEY, LOU	
STREET ADDRESS	P.O. BOX 160 N/A	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARR, LIBBY	
STREET ADDRESS	P.O. BOX N/A	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, PATRICIA A	
STREET ADDRESS	20824 S.W. 127TH AVENUE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, ANNIE	
STREET ADDRESS	140 E HATHAWAY AVE	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	V	<input type="checkbox"/> Delete
NAME	COWART, PHYLISS	
STREET ADDRESS	13950 NE 80TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Jamie Griffin</i>	
STREET ADDRESS	<i>PO Box 103</i>	
CITY-ST-ZIP	<i>Bronson FL 32621</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Robbie Blake</i>	
STREET ADDRESS	<i>PO Box 753</i>	
CITY-ST-ZIP	<i>Bronson FL</i>	
TITLE		<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:

Annie Sims

7/6/01

352-486-1103

CR2E037 (5/01)