

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45712

1. Entity Name

GRACEVILLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

5224 BROWN ST
GRACEVILLE FL 32440
US

Mailing Address

P.O. BOX 661 NA
GRACEVILLE FL 32440-0661
US

2. Principal Place of Business

986 6th Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 661

Suite, Apt. #, etc.

City & State

Graceville, FL

Zip

32440

Country

US

City & State

Graceville, FL

Zip

32440

Country

US

4. FEI Number

59-2847959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUQUA, H. MATTHEW
4450 LAFAYETTE ST
MARIANNA FL 32446

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	D	<input type="checkbox"/> Delete
NAME	MALONE, JAQUELINE J	
STREET ADDRESS	1082 WHITE AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TOMMY	
STREET ADDRESS	5283 BROWN ST	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CAROL SMITH	
STREET ADDRESS	5308 BROWN ST	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JOHN	
STREET ADDRESS	950 PRIM AVE. STE. 12	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PADGETT, DOROTHY L	
STREET ADDRESS	5390 COTTON ST	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCHEN, TOM	
STREET ADDRESS	5400 COLLEGE DRIVE	
CITY-ST-ZIP	GRACEVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSBY, DANNY	
STREET ADDRESS	5445 BROWN ST #1004	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDAN, ROBERT G.	
STREET ADDRESS	1071 6th AVE	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROL	
STREET ADDRESS	5306 BROWN ST	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, DEBBIE	
STREET ADDRESS	5324 BROWN ST	
CITY-ST-ZIP	GRACEVILLE, FL 32440	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny P. Crosby 1-31-2000 P50-263-7899

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE