2000 UNIFORM BUSINESS REPORT (UBR)

01-29-2000 90132 009 ****61.25

DOCUMENT # N45852

1. Entity Name

FLAGLER BEACH CHAMBER OF COMMERCE, INC.

FILED

00 AUG 25 AM 8:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
~~313 MOODY BLVD.~~ FLGLER BCH. FL 32136	P.O. BOX 5 FLAGLER BCH. FL 32136-0005

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 C. AIA	PO Box 5
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FLAGLER BEACH	City & State: FLAGLER BEACH, FL
Zip: FL 32136 Country: FLAGLER	Zip: 32136 Country: FLAGLER

4. FEI Number 65-0321325 ☐ Applied For ☐ Not Applicable

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
~~JOHNSON, RONALD N.~~ ~~412 S CENTRAL AVE.~~ ~~FLGLER BCH. FL 32136~~	Name: MARY STETLER, PRESIDENT Street Address (P.O. Box Number is Not Acceptable): ~~500 TRUST BANK~~ ~~323 Moody Blvd~~ 400 C. AIA City: FLAGLER BEACH FL Zip Code: 32136

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: Maryann Stetler MARY A. STETLER PRESIDENT 1/31/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~STOTLAR~~, MARY (CORRECT SPELLING) P.O. BOX 249 FLGLER BCH FL 32136	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STETLER, MARY 400 C. SOUTH OCEANSHORE BLVD FLAGLER BEACH, FL 32136	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HELM, CHARLES P O BOX 328 FLGLER BEACH FL 32136	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT CHRIS TIPTON 2448 S. AIA PO BOX 660 FLAGLER BEACH FL 32136	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WEBSTER, CONNIE 1820 S OCEAN SHORE BLVD FLGLER BCH FL	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DIANE JONES 400 C. SOUTH OCEANSHORE FLAGLER BEACH FL 32136	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARLOWE, TONY P O BOX 2225 N/A FLGLER BCH FL 32136	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING, CHERI P.O. BOX 2298 208 S. OCEANSHORE BLVD FLGLER BEACH FL 32136	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition KE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOREHAND, ~~ZOEA~~ (SP) P.O. BOX 2029 FLGLER BCH FL 32136	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT FOREHAND, ZOEE 400 A. SOUTH OCEANSHORE BLVD FLAGLER BEACH FL 32136	☒ Change ☐ Addition

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~~ D 1/31/00 904 439-2813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY A. STETLER, PRESIDENT