

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45852

1. Entity Name

FLAGLER BEACH CHAMBER OF COMMERCE, INC.

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90615 049 ****61.25

Principal Place of Business

400 C. A1A
FLAGLER BEACH FL 32136

32136

Mailing Address

PO BOX 5
FLAGLER BEACH FL 32136

32136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0321325

Applied For

Not Applicable

Zip

32136

Country

Zip

32136

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STETLER, MARY
400 C. A1A
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name ZOE FOREHAND
Street Address (P.O. Box Number is Not Acceptable)
400 C. SOUTH OCEANSHORE BLVD
A1A
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 *Zoe Forehand* ZOE FOREHAND, PRESIDENT 1/10/01
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	DP	<input checked="" type="checkbox"/> Delete
NAME	STETLER, MARY	
STREET ADDRESS	400 C. SOUTH OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	TIPTON, CHRIS	
STREET ADDRESS	PO BOX 660	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, DIANE	
STREET ADDRESS	400 C. SOUTH OCEANSHORE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KING, CHERI	
STREET ADDRESS	208 S. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	FOREHAND, ZOE	
STREET ADDRESS	400 A. SOUTH OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSTANCE WEBSTER	
STREET ADDRESS	1920 S. OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	1ST VICE PRESIDENT	<input checked="" 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		
TITLE	DP (PRESIDENT)	<input checked="" 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: *Zoe Forehand* ZOE FOREHAND 1/10/01 904-439-0995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)