

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-24-2003 90954 002 ****61.25

DOCUMENT # N45852

1. Entity Name

FLAGLER BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business

**400 C. A1A
FLAGLER BEACH FL 32136**

Mailing Address

**PO BOX 5
FLAGLER BEACH FL 32136**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**FOREHAND, ZOE
400 C SOUTH OCEANSHORE BOULEVARD A-1-A
FLAGLER BEACH FL 32136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<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	111 S. 12 ST (PO BOX 67)	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	DT	<input type="checkbox"/> Delete
NAME	REEVES, CHERI	
STREET ADDRESS	208 S. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FOREHAND, ZOE	
STREET ADDRESS	400 A. SOUTH OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, CONSTANCE	
STREET ADDRESS	1820 SOUTH OCEANSHORE BOULEVARD	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2ND 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONI TRE WORGY	
STREET ADDRESS	2316 S. OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)