

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90160 022 ****70.00

DOCUMENT # N46141

1. Entity Name

POMPAÑO BEACH/METROPOLITAN CHAMBER OF COMMERCE.

Principal Place of Business

Mailing Address

**3001 N.W. 8TH ST.
POMPAÑO BEACH FL 33069
US**

**3001 NW 8TH ST
POMPAÑO BEACH FL 33069-2140
US**

2. Principal Place of Business

3001 N.W. 8TH ST.

Suite, Apt. #, etc.
N/A

3. Mailing Address

3001 N.W. 8TH ST.

Suite, Apt. #, etc.

N/A

City & State

Pompano Beach, FL.

City & State

Pompano Beach FL.

Zip

33069

Country

U. S. A.

Zip

33069

Country

U. S. A.

4. FEI Number

65-0328367

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDDY, JAMES R., P.A.
2401 E. ATLANTIC BLVD.
POMPAÑO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **N/A**

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

N/A

City **N/A**

FL

Zip Code **N/A**

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.

N/A

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 **DC** ☐ Delete
NAME **JONES, DOROTHY**
STREET ADDRESS **2114 NW 5TH ST**
CITY-ST-ZIP **POMPAÑO BEACH FL**

TITLE **DC** ☐ Delete
NAME **DAVIS, KENNY**
STREET ADDRESS **3601 W COMMERCIAL BLVD STE 35**
CITY-ST-ZIP **FT LAUDERDALE FL 33209**

TITLE **D** ☐ Delete
NAME **RAYSON, CATHY**
STREET ADDRESS **2400 E OAKLAND PARK BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ Delete
NAME **PARKS, ROBERT**
STREET ADDRESS **600 S E 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **EVANS, HOWIE**
STREET ADDRESS **501 FAIRWAY DR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Delete
NAME **Young BOB**
STREET ADDRESS **3001 NW 8TH**
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **David McMillan** ☐ Change ☒ Addition
NAME **3001 NW 8TH**
STREET ADDRESS **Pompano Beach FL**
CITY-ST-ZIP

TITLE **Eddie Copeland** ☐ Change ☒ Addition
NAME **3001 NW 8TH**
STREET ADDRESS **Pompano FL 33061**
CITY-ST-ZIP

TITLE **Deborah Anthony** ☐ Change ☒ Addition
NAME **3001 NW 8TH**
STREET ADDRESS **Pompano FL 33069**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dorothy Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)