

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90333 009 ****61.25

DOCUMENT # N92000000937

1. Entity Name

GATEWAY CHAMBER OF COMMERCE, INC.

Principal Place of Business

4350 W CYPRESS ST
SUITE 400
TAMPA FL 33607
US

Mailing Address

4350 W CYPRESS ST
SUITE 400
TAMPA FL 33607
US

2. Principal Place of Business

P.O. Box 20241

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20241

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3165890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABRELICK, LAURA
4350 W CYPRESS ST
STE-400
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **Donita Martin**

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

9400 4th St. N

City **St. Petersburg**

FL

Zip Code

33702

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

Donita Martin

DONITA MARTIN

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 NAME STREET ADDRESS CITY-ST-ZIP	D AMORE, JACK 10452 ROOSEVELT BLVD SAINT PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELDNER, RICHARD 13191 56TH COURT, SUITE 101 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, JAMES L 4707 140TH AVE N SUITE 309 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARGO, STEVE 100 SECOND AVE S ST PETERSBURG FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KAREN 8851 US HIGHWAY 19 N CLEARWATER FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABRELICK, LAURA 4350 W CYPRESS ST, STE 400 TAMPA FL 33607	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Gordon Moore P.O. Box 20241 St. Petersburg FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Elect Annette Gabrelcik P.O. Box 20241 St. Petersburg FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Donita Martin P.O. Box 20241 St. Petersburg FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Najla Furgason P.O. Box 20241 St. Petersburg FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Linda Beatty P.O. Box 20241 St. Petersburg FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Noreen Hodges P.O. Box 20241 St. Petersburg FL 33742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Donita Martin

2/20/01

(27) 570-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Doe # N9 20000000937
923742

Please add these additions as well:

Director
John Morroni
P.O. Box 20241
St. Petersburg, FL 33742

Director
Greg Hackley
P.O. Box 20241
St. Petersburg, FL 33742