

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002493

1. Entity Name

PORT ST. JOHN JUNIOR CHAMBER OF COMMERCE, INC.

Principal Place of Business

3935-L N US 1  
COCOA FL 32926

Mailing Address

3935-L N US 1  
COCOA FL 32926-5987

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, TRACEY C  
3935-L N US 1  
COCOA FL 32926

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.

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 D ☒ Delete  
NAME POWERS, KATHY  
STREET ADDRESS 1140 BAYMEADOWS DRIVE  
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☒ Delete  
NAME VELLIGAN, STEVE  
STREET ADDRESS 6725 CECIL ROAD  
CITY-ST-ZIP COCOA FL 32927

TITLE D ☐ Delete  
NAME HIGGINBOTHAM, NANCY  
STREET ADDRESS 6545 BIRCH DR.  
CITY-ST-ZIP COCOA FL 32927

TITLE D ☒ Delete  
NAME POWERS, GAVER  
STREET ADDRESS 1140 BAYMEADOWS DR.  
CITY-ST-ZIP TITUSVILLE FL 32798

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Harry C. Wiedmann  
STREET ADDRESS 6480 Dallas Avenue  
CITY-ST-ZIP Cocoa, FL. 32927

TITLE D ☒ Change ☐ Addition  
NAME Vicki A. Wiedmann  
STREET ADDRESS 6480 Dallas Avenue  
CITY-ST-ZIP Cocoa, FL. 32927

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

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:

HARRY C. WIEDMANN 4-25-00 (321) 432-5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90270 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3244733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2F037 (9/98)