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FILED
Jun 22, 2001 8:00 am
Secretary of State

04-27-2001 90242 008 ****61.25

2001 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3244733

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINBOTHAM, TRACEY C

3935-L N US 1
COCOA FL 32926

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 registrant agent and date if applicable.

(NOTE: See state of Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.259. 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 HIGGINBOTHAM, NANCY 6545 BIRCH DR. COCOA FL 32927	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDMANN, HARRY C 6480 DALLAS AVE COCOA FL 32927	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEDMANN, VICKI A 6480 DALLAS AVE COCOA FL 32927	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Higginbotham, Tracey C. 6545 Birch-Drive, Cocoa, Fl. 32927	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coyle, Bobbie 765 Mandarin Street Merritt Island, Fl. 32953	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barnes, Sheila 1611 Carbondale Drive, N. Jacksonville, Fl. 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cline, Jamie 6595 Arequipa Road Cocoa, Fl. 32927	☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)