2001 UNIFORM BUSINESS REPORT (UBR)

0083701

DOCUMENT # N94000002739

1. Entity Name

ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 6:10

Principal Place of Business	Mailing Address
2200 VIRGINIA AVENUE FORT PIERCE FL 34982	2200 VIRGINIA AVENUE FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

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 59-3120098 ☐ 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
RIVETT, ALLAN 2200 VIRGINIA AVE FT PIERCE FL 34982	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRUITT, AILEEN 100 S 2RD ST FT. PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD Kathryn Hensley 2209 Delaware Ave Fort Pierce, FL. 34949 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WIKFORS, MARSHA PO BOX 2757 FT PIERCE FL 34954	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEACH, DONNA 2400 RHODE ISLAND AVE FT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SD Marty Snyders 2222 Colonial Rd. #201 Fort Pierce, FL. 34950 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLBUR, DAVID 2716 S US-1 FORT PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Willbur, David 2716 US 1 Fort Pierce, FL. 34982 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E037 (10/00)

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: [illegible] DATE