

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002061

1. Entity Name

PONTE VEDRA BEACH CHAMBER OF COMMERCE, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90909 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4 SAWGRASS VILLAGE  
STE 140F  
PONTE VEDRA BEACH FL 32082

4 SAWGRASS VILLAGE  
STE 140F  
PONTE VEDRA BEACH FL 32082-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396647

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDGERTON, EDA B  
5101 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082

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 ☐ Delete  
NAME VD  
STREET ADDRESS HENSON, DEBORAH  
CITY-ST-ZIP 110 A1A NORTH  
PONTE VEDRA BEACH FL 32082

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

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS PACKO, R G D  
CITY-ST-ZIP 252 SOLANA RD  
PONTE VEDRA FL 32082

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS MELCHING, STEVE  
CITY-ST-ZIP 1548 THE GREENS WAY #4  
JACKSONVILLE BCH FL 32250

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS EDGERTON, EDA B  
CITY-ST-ZIP 3101 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BCH FL 32082

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

TITLE ☒ Delete  
NAME CD  
STREET ADDRESS NEAL, BAY F  
CITY-ST-ZIP 89 NINA LANE  
PONTE VEDRA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS ANNE MARIE GENNUSA  
CITY-ST-ZIP 200 EXECUTIVE WAY STE 201  
PONTE VEDRA BEACH, FL 32082

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 (9/99)