

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90004 020 ****61.25

DOCUMENT # N96000002061

1. Entity Name

PONTE VEDRA BEACH CHAMBER OF COMMERCE, INC.

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**

762113



DO NOT WRITE IN THIS SPACE

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

EDGERTON, EDA B

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

818 A1A NORTH STE 206

City

PONTE VEDRA BCH

FL

Zip Code

32082

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 **PD** ☒ Delete
 NAME **HENSON, DEBORAH**
 STREET ADDRESS **110 A1A NORTH**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **PD** ☐ Change ☒ Addition
 NAME **LATSHAW, JOHN**
 STREET ADDRESS **3010 THIRD ST S**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32050**

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **WEST, PATRICIA**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **TD** ☐ Change ☒ Addition
 NAME **ROSSI, PETER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **GENNUSA, ANNE M**
 STREET ADDRESS **200 EXECUTIVE WAY STE 201**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **SD** ☐ Change ☒ Addition
 NAME **CHAMPION, BETH**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)