

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90223 013 ****61.25

DOCUMENT # N96000002061

1. Entity Name
PONTE VEDRA BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business
**4 SAWGRASS VILLAGE
STE 140F
PONTE VEDRA BEACH FL 32082**

Mailing Address
**4 SAWGRASS VILLAGE
STE 140F
PONTE VEDRA BEACH FL 32082**



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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDGERTON, EDA B
818 A1A NORTH STE. 208
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **LATSHAW, JOHN H JR.**
STREET ADDRESS **3010 THIRD ST. S.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **TOM FISHER**
STREET ADDRESS **1460 S. 3RD ST.**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **D** ☒ Delete
NAME **WEST, PATRICIA**
STREET ADDRESS **1548 THE GREENS WAY #4**
CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE **VICE-CHAIRMAN** ☒ Change ☐ Addition
NAME **ANDY SCOTT**
STREET ADDRESS **625 A1A North**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **D** ☒ Delete
NAME **CHAMPION, BETH**
STREET ADDRESS **200 EXECUTIVE WAY, STE 201**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE **TREASURER** ☒ Change ☒ Addition
NAME **GREG PATTERSON**
STREET ADDRESS **110 A1A N.**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **V** ☐ Delete
NAME **FISHER, TOM**
STREET ADDRESS **1460 S. 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **MEMBER SERVICES DIRECTOR** ☐ Change ☒ Addition
NAME **CHUCK DAY**
STREET ADDRESS **136 OCEAN EDGE DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **T** ☐ Delete
NAME **SCOTT, ANDY**
STREET ADDRESS **625 A1A N**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **TOURISM DIRECTOR** ☐ Change ☒ Addition
NAME **GRACE HAYES**
STREET ADDRESS **P.O. BOX 501**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PAST CHAIRMAN** ☒ Change ☐ Addition
NAME **JOHN LATSHAW**
STREET ADDRESS **3010 THIRD ST. S.**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

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

5/1/03

904.247.1770

Date

Daytime Phone #

CR2E037 (10/02)