

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000731

1. Entity Name

NATIONAL HOME BASED BUSINESS CHAMBER OF COMMERCE

Principal Place of Business

2729 HARRIET DRIVE
ORLANDO FL 32812

Mailing Address

2729 HARRIET DRIVE
ORLANDO FL 32812-5810

2. Principal Place of Business

3. Mailing Address

P.O. Box 5373

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32793-5373

USA

4. FEI Number

58-2323646

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

POWELL, LORRAINE D
2729 HARRIET DRIVE
ORLANDO FL 32812

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 D ☐ Delete
NAME POWELL, LORRAINE D
STREET ADDRESS 2729 HARRIET DRIVE
CITY-ST-ZIP ORLANDO FL 32812

TITLE C/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRASSO, GEORGEANN
STREET ADDRESS 632 DESOTO
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LAHONT, JUOY
STREET ADDRESS 632 DESOTO
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE V/P/D ☐ Change ☒ Addition
NAME Ina Anderson
STREET ADDRESS 633 Sterling Drive
CITY-ST-ZIP Kissimmee, FL 34758

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D ☐ Change ☒ Addition
NAME Mary Burns
STREET ADDRESS 1241 Section Line Trail
CITY-ST-ZIP Deltona, FL 32725

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:

Mary Burns/Treas. 3/21/00 407-860-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)