

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002950

1. Entity Name

GADSDEN COUNTY CHAMBER OF COMMERCE FOUNDATION, I  
NC.

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90160 040 \*\*\*\*61.25

Principal Place of Business

203 EAST JEFFERSON STREET  
P.O. BOX 389  
QUINCY FL 32353

Mailing Address

203 EAST JEFFERSON STREET  
P.O. BOX 389  
QUINCY FL 32353

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

59-3674706

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

VANLANDINGHAM, SHERRY  
203 E. JEFFERSON ST.  
QUINCY FL 32351

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

**Sherry VanLandingham Executive Director**

**4-30-02**

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 CLARK, MAX  
STREET ADDRESS 113 NORTH MADISON STREET  
CITY-ST-ZIP QUINCY FL 32351

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

TITLE ☐ Delete  
NAME LANE, MARK  
STREET ADDRESS 4 E. WASHINGTON ST.  
CITY-ST-ZIP QUINCY FL 32351

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

TITLE ☐ Delete  
NAME VANLANDINGHAM, SHERRY  
STREET ADDRESS 203 E. JEFFERSON ST.  
CITY-ST-ZIP QUINCY FL 32351

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Sherry VanLandingham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

Date

**(950) 627-9231**

Daytime Phone #

CR2E037 (9/01)