

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006399

1. Entity Name

THE WEWAHITCHKA CHAMBER OF COMMERCE, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90008 044 ****61.25

Principal Place of Business

Mailing Address

WEWAHITCHKA COFC
636 S SECOND ST
WEWAHITCHKA FL 32465

P.O. BOX 628
WEWAHITCHKA FL 32465-0628



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1730 Hwy 386

3. Mailing Address

P.O. Box 628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newahitchka FL

City & State

Newahitchka FL

Zip

32465

Country

Gulf

Zip

32465

Country

Gulf

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETTIS, R. CHARLES
744 PETTIS LN
WEWAHITCHKA FL 32465

7. Name and Address of New Registered Agent

Name

THOMAS L. SEMMES

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

1730 Hwy 386

City Newahitchka

FL

Zip Code 32465

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

THOMAS L. SEMMES PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]

10/June/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETTIS, R. CHARLES	
STREET ADDRESS	244 PETTIS LN	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEMMES, HUGH	
STREET ADDRESS	1940 NO. HWY 71	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, PAM	
STREET ADDRESS	1730 HWY 386	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SEMMES, THOMAS	
STREET ADDRESS	1730 HWY 386	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS L. SEMMES	
STREET ADDRESS	1730 Hwy 386	
CITY-ST-ZIP	Newahitchka, FL 32465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda MARTIN	
STREET ADDRESS	1730 Hwy 386	
CITY-ST-ZIP	Newahitchka, FL 32465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/00 (850) 639-5345
Date Daytime Phone #

CR2E037 (9/99)