

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90001 049 ****61.25

0084704

DOCUMENT # N97000006399

1. Entity Name:

THE WEWAHITCHKA CHAMBER OF COMMERCE, INC.

Principal Place of Business

1730 HWY 386
 WEWAHITCHKA FL 32465

Mailing Address

P.O. BOX 628
 WEWAHITCHKA FL 32465

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

SEMME, THOMAS L
1730 HWY 386
WEWAHITCHKA FL 32465

7. Name and Address of New Registered Agent

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.

(NOT 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

TITLE **PD** ☐ Delete
 NAME **SEMME, THOMAS L**
 STREET ADDRESS **1730 HWY 386**
 CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **VD** ☐ Delete
 NAME **SEMME, HUGH**
 STREET ADDRESS **1940 NO. HWY 71**
 CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **SD** ☐ Delete
 NAME **MARTIN, BRENDA**
 STREET ADDRESS **1730 HWY 386**
 CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **TD** ☐ Delete
 NAME **SEMME, THOMAS**
 STREET ADDRESS **1730 HWY 386**
 CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Thomas L Semme

5/29/01 850 639-5345

CR2E037 (10/00)