

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90054 024 ****70.00

DOCUMENT # N97000006594

1. Entity Name

**THE GREATER WEST VOLUSIA CHAMBER OF COMMERCE INC
ORPORATED**

Principal Place of Business

Mailing Address

1200 DELTONA BLVD.
STE. 10
DELTONA FL 32725-6364

1200 DELTONA BLVD.
STE. 10
DELTONA FL 32725-6364

2. Principal Place of Business

520 North Volusia Avenue

3. Mailing Address

520 North Volusia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orange City, FL

City & State

Orange City, FL

4. FEI Number

59-3515883

Applied For

Not Applicable

Zip

32763-4802

Country

Volusia

Zip

32763-4802

Country

Volusia

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

WHITE, LINDA S
1200 DELTONA BLVD.
STE. 10
DELTONA FL 32725-6364

Name
Linda S. White

Street Address (P.O. Box Number is Not Acceptable)
520 North Volusia Avenue

City
Orange City

FL

Zip Code
32763-4802

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

Linda S. White, Exec Dir

01-08-02

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 PD ☒ Delete
NAME RUDOLPH, JOSEPH
STREET ADDRESS 18A FLORABUNDA
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE PD ☐ Change ☒ Addition
NAME Charles F. Matousek
STREET ADDRESS 1105 Saxon Blvd.
CITY-ST-ZIP Orange City, FL 32763

TITLE PED ☐ Delete
NAME BRIDGEMAN, DAVID
STREET ADDRESS P.O. BOX 741660
CITY-ST-ZIP ORANGE CITY FL 32774-1660

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

TITLE VP ☒ Delete
NAME BACOM, DEBORAH
STREET ADDRESS 425 S VOLUSIA AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VP ☐ Change ☒ Addition
NAME Faye Minnicozzi
STREET ADDRESS 2730 Enterprise Road #A
CITY-ST-ZIP Orange City, FL 32763

TITLE TS ☐ Delete
NAME BEVIS, ROBERT
STREET ADDRESS P.O. BOX 6001
CITY-ST-ZIP DELAND FL 32723-6001

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

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:

Linda S. White, Exec Dir

Linda S. White 386-775-2793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)