

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-04-2003 90061 037 ****61.25

N98000000693

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -9 PM 4:00

DOCUMENT # N98000000693

1. Entity Name

FORT WHITE AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business

RT 3 BOX 1000
FORT WHITE FL 32038

Mailing Address

P.O. BOX 634
FORT WHITE FL 32038

2. Principal Place of Business

118 S.W. Wilson Springs
Suite, Apt. #, etc.
SUITE # 105

3. Mailing Address

P.O. Box 634
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

FORT WHITE FL

City & State

FORT WHITE FL

4. FEI Number 59-3489252

Applied For

Not Applicable

Zip 32038

Country COLUMBIA

Zip 32038

Country COLUMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILBUR, GARY J
RT 1 BOX 1586
O'BRIEN FL 32071

7. Name and Address of New Registered Agent

Name GARY J. WILBUR
Street Address (P.O. Box Number is Not Acceptable)
286 S.W. HAWKINS CT
City FORT WHITE FL Zip Code 32038

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

9-3-03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RILEY, PATRICIA RT 9 BOX 23166 LAKE CITY FL 32024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILBUR, GARY RT 1 BOX 1586 O BRIEN FL 32071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANCE, JIM RT. 4 BOX 914 FORT WHITE FL 32038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOAN 4141 NW 37TH PL GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VERNIS WRAH 8587 ELM CHURCH ROAD FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTER JONES 196 S.W. MISSION SPRINGS CT, FORT WHITE FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-03

DATE

386/407-4002

Daytime Phone #

CR2E037 (4/03)

9/9