

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90003 008 ****70.00

DOCUMENT # N98000001053

1. Entity Name

CENTRAL FLORIDA CHAMBER OF COMMERCE, INC.

Principal Place of Business

725 PRIMERA BLVD.
SUITE 100
LAKE MARY FL 32746

Mailing Address

725 PRIMERA BLVD.
SUITE 100
LAKE MARY FL 32746

2. Principal Place of Business

230 N. Westmonte Dr

3. Mailing Address

230 N. Westmonte Dr

Suite, Apt. #, etc.

1974

Suite, Apt. #, etc.

1974

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-3575578

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOHN M
1211 SEMORAN BLVD, STE 171
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

DIANE PARKER

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

230 N. Westmonte Drive #1974

City

Altamonte Springs

FL

Zip Code

32714

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

Diane Parker, President

4-19-01

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

TITLE: DP DS
NAME: WENTWORTH, OWEN
STREET ADDRESS: 725 PRIMERA BLVD., SUITE 100
CITY-ST-ZIP: LAKE MARY FL 32746 ☒ Delete

TITLE: DS
NAME: RAGAN, KATHIE
STREET ADDRESS: 3505 W. LAKE MARY BLVD.
CITY-ST-ZIP: LAKE MARY FL 32746 ☒ Delete

TITLE: DT
NAME: CHOCOLA, SUSAN
STREET ADDRESS: 1220 DOUGLAS AVE., #207
CITY-ST-ZIP: LONGWOOD FL 32779 ☒ Delete

TITLE: Diane Parker President
NAME: Diane Parker
STREET ADDRESS: 725 Primera Blvd. Ste 100
CITY-ST-ZIP: Lake Mary, FL 32746 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D/C
NAME: DOUGLAS KIRSON
STREET ADDRESS: 1151 COWWOOD TRAIL
CITY-ST-ZIP: MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE: D/T/S
NAME: EUGENE ANDERSON
STREET ADDRESS: LUCENT TECHNOLOGIES
CITY-ST-ZIP: 901 N LAKE DESTINY DRIVE
MAITLAND, FL 32751 ☐ Change ☒ Addition

TITLE: D
NAME: STEVE KIRBY
STREET ADDRESS: SNELLING
CITY-ST-ZIP: 222 S. WESTMONT DR. # 202
ALTAMONTE SPRINGS, FL 32714 ☐ Change ☒ Addition

TITLE: P
NAME: DIANE PARKER
STREET ADDRESS: 230 N. Westmonte Drive #1974
CITY-ST-ZIP: Altamonte Springs, FL 32714 ☐ Change ☒ Addition

TITLE: D
NAME: WILLIAM STANGE
STREET ADDRESS: ADMIRALTY BANK
CITY-ST-ZIP: 2 S. ORANGE AVE, SUITE 100
ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 *Diane Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/01 407-333-4748

Date

Daytime Phone #

CR2E037 (10/00)