

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005336

1. Entity Name

SOUTHWEST FLORIDA CHAMBER OF COMMERCE, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90002 002 ****70.00

Principal Place of Business 12421 NORTH FLORIDA AVENUE, STE. C-220B TAMPA FL 33612	Mailing Address 12421 NORTH FLORIDA AVENUE, STE. C-220B TAMPA FL 33612-4220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-3533645	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAULES, GREGORY NORTH TAMPA LAW CENTER 12421 N. FLA. AVE., STE. B-122 TAMPA FL 33612	7. Name and Address of New Registered Agent Name: <u>Ken Hay</u> Street Address (P.O. Box Number is Not Acceptable): <u>12421 N Florida Ave</u> <u>C-220</u> City: <u>Tampa</u> FL Zip Code: <u>33612</u>
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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: Ken Hay (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE: 3/7/2000

10. FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete	NAME: VIMES, LUNDA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12421 NORTH FLORIDA AVE, C-220	CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: HAY, CHARLES	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12421 NORTH FLORIDA AVE, C-220	CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: HAY, CHARLES	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12421 NORTH FLORIDA AVE, C-220	CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete	NAME: MORTELLARO, LARRY	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12421 NORTH FLORIDA AVE, C-220	CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: S <input type="checkbox"/> Delete	NAME: WALTERS, MARK	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12421 NORTH FLORIDA AVE, C-220	CITY-ST-ZIP: TAMPA FL 33612	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	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)

Date: 3-6-2000 Daytime Phone #: 813-935-8361

CR2E037 (9/99)