

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005940

1. Entity Name

FANNING SPRINGS GREATER CHAMBER OF COMMERCE & FE

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90005 010 ****61.25

Principal Place of Business

Mailing Address

17651 N.W. 90TH COURT
TRENTON FL 32693

17651 N.W. 90TH COURT
TRENTON FL 32693-9212

2. Principal Place of Business

17871 NW US 19

3. Mailing Address

17871 NW US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FANNING SPRINGS, FL

City & State
Fanning Springs

4. FEI Number

59-3535298

Applied For

Not Applicable

Zip
32693

Country
Levy

Zip
32693

Country
Levy

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

NEKOLA, CHERYL
17871 N.W. HIGHWAY 19
TRENTON FL 32693

Name

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

17871 NW US 19

City

Fanning Springs

FL

Zip Code
32693

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

Cheryl Nekola

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-2000

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 NEKOLA, CHERYL
STREET ADDRESS 17651 N.W. 90TH COURT
CITY-ST-ZIP TRENTON FL 32693

TITLE PD ☒ Change ☐ Addition
NAME NEKOLA, CHERYL
STREET ADDRESS 17871 NW US 19
CITY-ST-ZIP Fanning Springs, Fl. 32693

TITLE VPD ☐ Delete
NAME SUNDBERG, RONALD
STREET ADDRESS 16850 N.W. OLD FANNING ROAD
CITY-ST-ZIP TRENTON FL 32693

TITLE VPD ☒ Change ☐ Addition
NAME Sundberg, Ronald
STREET ADDRESS 16850 NW Old Fanning Rd
CITY-ST-ZIP Fanning Springs, Fl. 32693

TITLE STD ☐ Delete
NAME LINDSEY, RUTH ANN
STREET ADDRESS POST OFFICE BOX 1643 N/A
CITY-ST-ZIP OLD TOWN FL 32680

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

TITLE D ☐ Delete
NAME SANFORD, REBECCA
STREET ADDRESS POST OFFICE BOX 1222 N/A
CITY-ST-ZIP OLD TOWN FL 32680

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

TITLE D ☐ Delete
NAME JOLLEY, MARY FRANCES
STREET ADDRESS 8551 N.W. 173RD PLACE
CITY-ST-ZIP FANNING SPRINGS FL 32693

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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000

Date

Daytime Phone #

CR2E037 (9/99)