

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90001 003 \*\*\*\*61.25

0094322

DOCUMENT # N98000005940

1. Entity Name

**FANNING SPRINGS GREATER CHAMBER OF COMMERCE & FE  
 STIVAL OF LIGHTS, INC.**

Principal Place of Business

Mailing Address

17871 NW US 19  
 FANNING SPRINGS FL 32693

17871 NW US 19  
 FANNING SPRINGS FL 32693

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3535298

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
 FANNING SPRINGS FL 32693

Name

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

City

**FL**

Zip Code

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. NO

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Cheryl Nekola*

1-5-02

**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 **17871 NW US 19**  
 CITY-ST-ZIP **FANNING SPRINGS FL 32693**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **SUNDBERG, RONALD**  
 STREET ADDRESS **16850 NW OLD FANNING RD**  
 CITY-ST-ZIP **FANNING SPRINGS FL 32693**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 RECORDED* Cheryl Nekola

DATE

DAYTIME PHONE #

1-5-02 352-463-6144

CR2E037 (9/01)