

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91037 006 ****61.25

DOCUMENT # N99000002617

1. Entity Name

CHAMBER BUSINESS ASSISTANCE CORPORATION



Principal Place of Business

**1130 CLEVELAND STREET
CLEARWATER FL 33755**

Mailing Address

**1130 CLEVELAND STREET
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3572855**

Applied For

Not Applicable

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

**ZSCHAU, JULIUS J
JOHNSON, BLAKELY, POPE, BOKOR, P.A.
911 CHESTNUT STREET
CLEARWATER FL 33756**

Name

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

2701 Mc Rocky Point Drive

Suite 930

City

Tampa

FL

Zip Code

33607

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, 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARA, RAYMOND	
STREET ADDRESS	611 E DRUID RD 105	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, HOLLY	
STREET ADDRESS	1200 DRUID ROAD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, GARY S	
STREET ADDRESS	1130 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, GLORIA	
STREET ADDRESS	23494 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIDEL, MIKE	
STREET ADDRESS	17757 US HWY 19 N. #660	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, FRANK	
STREET ADDRESS	17757 US HWY 19 N. #100	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	RENFROD, JEANETTE	
CITY-ST-ZIP	1680 GULF TO BAY BLVD	
	CLEARWATER FL 33754	

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

CR2E037 (10/02)