2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # **N9900003265** 1. Entity Name NORTHEAST LAKE CHAMBER OF COMMERCE, INC. 04-16-2002 90049 011 ****70.00 Mailing Address Principal Place of Business 43617 SUNSET DRIVE P O BOX 439 PAISLEY FL 32767 PAISLEY FL 32767 3. Mailing Address アロスロメ 43 436/7 SUNS電子 / 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ISLE City & State ity & State 4. FEI Number Applied For 59-3606481 15 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Fee Required 6. Name and Address of Current Registered Agent 7. Name and Addres: chiew Registered Ag. at Name Street Address (P.O. Box Number is Not Acceptable) HUNTER, ROY E JR -43617 SUNSET DRIVE PAISLEY FL 32767 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE ☐ Addition ☐ Change NAME HUNTER, ROY'E JR NAME STREET ADDRESS 43617 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAISLEY FL 32767 TITLE ☐ Delete TITLE Change ☐ Addition NAME HARGROVE, JOCELYN NAME STREET ADDRESS STREET ADDRESS 42528 NORTH CIRCLE CITY-ST-ZIP CITY-ST-ZIP PAISLEY FL 32767 PD I ST VICE PRES. RAINEY, ELISE TITLE ☐ Delete TITLE VP cachent Change NAME NAME RAINEY. STREET ADDRESS 45509 OHIO STREET STREET ADDRESS 6H10 CITY-ST-ZIP CITY-ST-ZIP PAISLEY FL 32767 2VPS TITLE ☐ Delete TITLE Addition ☐ Change NAME WELLS, BEVERLY NAME STREET ADDRESS STREET ADDRESS 29539 CENTRAL COURRY CITY-ST-ZIP PAISLEY FL 32767 CITY-ST-ZIP Delete TITLE SAA TITLE ☐ Change ☐ Addition NAME WHIGHAM, TRAVIS STREET ADDRESS 31404 131G FOOT WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE DELAND FL 32720 Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0(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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR