

2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # N99000006380

1. Entity Name

THE PALM BAY AREA CHAMBER OF COMMERCE FOUNDATION

Principal Place of Business

1153 MALABAR ROAD NE. STE 18
PALM BAY FL 32907

Mailing Address

1153 MALABAR ROAD NE. STE 18
PALM BAY FL 32907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SIMON, HENRY
1153 MALABAR ROAD NE, STE 18
PALM BAY FL 32907

4. FEI Number

59-3612933

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE CD
NAME NUNGESSER, GARY T
STREET ADDRESS 2115 PALM BAY ROAD NE, STE 2E
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE D
NAME DOMONOUSKY, NANCY
STREET ADDRESS 1400 PALM BAY ROAD NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE SD
NAME SMITH, CHERYL
STREET ADDRESS 1766 CANOVA STREET SE
CITY-ST-ZIP PALM BAY FL 32909 ☐ Delete

TITLE D
NAME SIMON, HENRY
STREET ADDRESS 1153 MALABAR ROAD NE, STE 18
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE D
NAME ALLGOOD, NOEL C
STREET ADDRESS 438 MARTIN ROAD SE
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE VC
NAME WILSON, WILLIAM
STREET ADDRESS 1153 MALABAR ROAD NE, STE 18
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90076 031 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

01-10-01