

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90275 017 ****61.25

DOCUMENT # N00000005254

1. Entity Name
 PACE AREA CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business
 4557 CHUMUCKLA HWY.
 PACE FL 32571

Mailing Address
 4557 CHUMUCKLA HWY.
 PACE FL 32571

768384

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3895 HIGHWAY 90

3. Mailing Address
 3895 HIGHWAY 90

Suite, Apt. #, etc.

City & State
 PACE FL 32

4. FEI Number
 59-3686600

Applied For
 Not Applicable

Zip
 32571

Country
 USA

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

JONES, ANGELA J
 4557 CHUMUCKLA HWY
 PACE FL 32571

Name -
CLOUTIER, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
 3895 HIGHWAY 90

City
 PACE

State
FL

Zip Code
 32571

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 RICHARD CLOUTIER, DIRECTOR DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	LOWRIMORE, SCOTT	
STREET ADDRESS	5970 WYNDI WAY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, TOM	
STREET ADDRESS	5626 CHAMPION DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, TOM	
STREET ADDRESS	4712 DEAN DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOTSON, TED	
STREET ADDRESS	4650 BESSENGER LANE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTHCUTT, FELICIA	
STREET ADDRESS	5449 ROWE TRAIL	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOUTIER, RICHARD	
STREET ADDRESS	4620 DEAN DRIVE	
CITY-ST-ZIP	PACE FL 32571	

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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Cloutier* **RICHARD CLOUTIER, DIRECTOR** (850)994-9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)