

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # N00000005254

01-16-2002 90044 007 \*\*\*\*61.25

1. Entity Name

PAGE AREA CHAMBER OF COMMERCE FOUNDATION, INC. ✓

Principal Place of Business

Mailing Address

3895 HWY 90  
 PACE FL 32571

3895 HWY 90  
 PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3686600**

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

CLOUTIER, RICHARD  
 3895 HWY 90  
 PACE FL 32571

Name  
**Tom Stewart, Chairman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3895 Hwy 90**  
 PACE  
 City  
**Pace** 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

*Tom Stewart*

01/07/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Past Chairman Lowrimore, Scott
STREET ADDRESS	5970 Wyndi Way
CITY-ST-ZIP	Pace, FL 32571
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman Tom Stewart
STREET ADDRESS	5626 Champion Dr.
CITY-ST-ZIP	Pace, FL 32571
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman Elect Nichols, Tom
STREET ADDRESS	4712 Dean Dr.
CITY-ST-ZIP	Pace, FL 32571
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary Dotson, Ted
STREET ADDRESS	4650 Bessenger Lane
CITY-ST-ZIP	Pace, FL 32571
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice Chairman Mike Lewis
STREET ADDRESS	5120 Dogwood Dr.
CITY-ST-ZIP	Milton, FL 32570
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer Melinda Isphording
STREET ADDRESS	6002 Berryhill Rd.
CITY-ST-ZIP	Milton, FL 32570

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:

*Tom Stewart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02  
 Date

850-994-9633  
 Daytime Phone #

CR2E037 (9/01)