

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

0019466

04-05-2001 90073 048 ****61.25

DOCUMENT # N99000000567
 1. Entity Name
PACE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business
3895 Hwy. 90
~~4401 WOODBINE ROAD~~
 PACE FL 32571

Mailing Address
~~4401 WOODBINE ROAD~~ **3895 Hwy. 90**
 PACE FL 32571

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3562258** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DOTSON, TED
4401 WOODBINE ROAD
PACE FL 32571

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: *Ted Dotson* DATE: **4-3-01**
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 NAME	D DOTSON, TED	<input type="checkbox"/> Delete
STREET ADDRESS	4401 WOODBINE ROAD	
CITY-ST-ZIP	PACE FL 32571	
TITLE NAME	D GOODLIFE, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS	5749 TAMARACK DR.	
CITY-ST-ZIP	PACE FL 32571	
TITLE NAME	D WARRICK, COLLEEN	<input type="checkbox"/> Delete
STREET ADDRESS	5348 ROWE TRAIL	
CITY-ST-ZIP	PACE FL 32571	
TITLE NAME	D WEEKS, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	3014 PINE VALLEY	
CITY-ST-ZIP	PACE FL 32571	
TITLE NAME	D WEEKS, LISA	<input type="checkbox"/> Delete
STREET ADDRESS	3014 PINE VALLEY	
CITY-ST-ZIP	PACE FL 32571	
TITLE NAME	D ROBINSON, CALVIN	<input type="checkbox"/> Delete
STREET ADDRESS	5501 TWIN CREEK CIR.	
CITY-ST-ZIP	PACE FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 authority thereunto empowered.

SIGNATURE: *Ted Dotson* DATE: **4-3-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)