

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90207 014 \*\*\*\*61.25

**DOCUMENT # N99000000567**

1. Entity Name  
**PACE AREA CHAMBER OF COMMERCE, 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	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

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	
<b>DOTSON, TED</b> <b>4401 WOODBINE ROAD</b> <b>PACE FL 32571</b>		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: x 1/7/02  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOTSON, TED</b> <b>4401 WOODBINE ROAD</b> <b>PACE FL 32571</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tom Stewart</b> <b>5626 Champion Dr.</b> <b>Pace, FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODLIFE, DOUG</b> <b>5749 TAMARACK DR.</b> <b>PACE FL 32571</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Elect</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tom Nichols</b> <b>4712 Dean Dr.</b> <b>Pace, FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARRICK, COLLEEN</b> <b>5348 ROWE TRAIL</b> <b>PACE FL 32571</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mike Lewis</b> <b>5120 Dogwood Dr.</b> <b>Milton, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEEKS, DAVID</b> <b>3014 PINE VALLEY</b> <b>PACE FL 32571</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Melinda Ispording</b> <b>Santa Rosa Medical 6002 Berryhill</b> <b>Milton, FL 32570</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEEKS, LISA</b> <b>3014 PINE VALLEY</b> <b>PACE FL 32571</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past Chairman</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Victor S. Lowrimore, M.A.</b> <b>4616 Dean Dr.</b> <b>Pace, FL 32571</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, CALVIN</b> <b>5501 TWIN CREEK CIR.</b> <b>PACE FL 32571</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ted Dotson</b> <b>4401 Woodbine Rd.</b> <b>Pace, FL 32571</b>

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: x 1/7/02 **850-994-5129**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

RC