2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # N44766** 1. Entity Name TREASURE COAST MUSIC TEACHERS ASSOCIATION, INC. 05-23-2000 90221 019 ****61.25 Principal Place of Business Mailing Address 1608 S. KANNER HWY. 1608 S. KANNER HWY. STUART FL 34994-7152 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0459266 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PALTER, SANDRA 91-S-RIVER RD-SEWALLS POINT FL 34996 state of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD Delete TITLE TITLE PALTER, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 91 S RIVER RD CITY-ST-ZIP CITY-ST-7IP **SEWALLS POINT FL 34996** Addition **VPD** TITLE \Lambda Delete TITLE KESSLER, CINDY NAME NAME STREET ADDRESS STREET ADDRESS 2060 WOODSIDE WAY CITY-ST-ZIP CITY-ST-ZIP PALM-CITY-FL 34990 -☐ Addition TITLE TD ☐ Delete TITLE Change NAME rosa. Bobbie NAME STREET ADDRESS STREET ADDRESS 8187 SE COCONUT ST CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 TITLE Delete TITLE RANCE, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 1250 SW CEDAR COVE CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.