

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90100 035 ****61.25

DOCUMENT # N94000002279

1. Entity Name

TREASURE COAST JAZZ ENSEMBLE, INC.

Principal Place of Business

Mailing Address

919 JUNIPER PL
 JENSEN BEACH FL 34957
 US

919 NE JUNIPER PL
 JENSEN BEACH FL 34957-5079
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0495332

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

NICKERSON, JOHN B
919 NE JUNIPER PL
JENSEN BEACH FL 34957

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

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	<input type="checkbox"/> Delete
PT	NICKERSON, JOHN	919 NE JUNIPER PLACE	JENSEN BEACH FL	<input type="checkbox"/>
VD	CARLUCCI, ROCCO	2792 SPRUCE RIDGE AVE	JENSEN BEACH FL 34957	<input type="checkbox"/>
SD	GRAVINO, NICK	3595 SE DOUBLETON DR	STUART FL 34997	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	BAKER RUEL	88 N. SEYMUS PT. RD	STUART, FL 34996	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SCOTT, CHUCK	4469 SE TALL PINES AVE.	STUART FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SHIELDS GARY	4261 SE SATIN LEAF PL	STUART FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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: *John B. Nickerson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 *561-334-1599*
 Date Daytime Phone #