

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

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

SIGNATURE:

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

4/20/00  
 Date

561-334-1599  
 Daytime Phone #

CR2E037 (9/99)