2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90009 006 ***150.00

0251397

DOCUMENT # P00000078770

1. Entity Name
TREASURE COAST FONDUE COMPANY

Principal Place of Business	Mailing Address
% MENDIGUREN SPRING & ASSOCIATES, P.A. 5300 N.W. 33RD AVENUE, SUITE 220 FORT LAUDERDALE FL 33309	% MENDIGUREN SPRING & ASSOCIATES, P.A. 5300 N.W. 33RD AVENUE, SUITE 220 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3180 LAKESHORE DRIVE	3180 LAKESHORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BCH, FL	City & State: DEERFIELD BCH, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMEARER, WILLIAM
% MENDIGUREN SPRING & ASSOCIATES, P.A.
5300 N.W. 33RD AVENUE, SUITE 220
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: WILLIAM SCHMEARER
Street Address (P.O. Box Number is Not Acceptable): 3180 LAKESHORE DRIVE
City: DEERFIELD BEACH, F FL Zip Code: 33442

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: WILLIAM SCHMEARER 2/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, BRIAN R % 5300 NW 33RD AVENUE, SUITE 220 FORT LAUDERDALE FL 33309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HORNICK, CHADWICK % 5300 NW 33RD AVENUE, SUITE 220 FORT LAUDERDALE FL 33309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD P,S SCHMEARER, WILLIAM % 5300 NW 33RD AVENUE, SUITE 220 FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, SECRETARY SCHMEARER, WILLIAM 3180 LAKESHORE DRIVE DEERFIELD BCH, FL 33442	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/05/01 954 421 8324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #