

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90018 025 ****61.25

0063899

DOCUMENT # 720046

1. Entity Name

TREASURE COAST CONCERT ASSOCIATION, INC.

Principal Place of Business

**2394 SW FOXPOINT WAY
 PALM CITY FL 34990
 US**

Mailing Address

**2394 SW FOXPOINT WAY
 PALM CITY FL 34990
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1729236

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

**BERLIN, ERNEST
 2394 SW FOXPOINT
 PALM CITY FL 34990**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BERLIN, ERNEST**
 CITY-ST-ZIP **2334 SW FOX POINT WAY
 PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **NAGLREITER, DONNA**
 CITY-ST-ZIP **5277 SW ATLANTA AVENUE
 PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition
 NAME **JOAN WEADE**
 STREET ADDRESS **1635 SW SILVER PINE WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **AUSTIN, JAMES**
 CITY-ST-ZIP **3733 SW PHEASANT RUN
 PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VALLE, ROBERT**
 CITY-ST-ZIP **5010 SE BURNING TREE CIRCLE
 PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **PITTS, DEBORAH**
 CITY-ST-ZIP **500 WINTERCREEK RD
 PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **BARBARA KIERNAN**
 CITY-ST-ZIP **834 SW LIGHTHOUSE DR
 PALM CITY FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **ERNEST BERLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)