2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720046

1. Entity Name

TREASURE COAST CONCERT ASSOCIATION, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90227 009 ****61.25

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Principal Place of Business 2394 SW FOXPOINT WAY PALM CITY FL 34990 US		Mailing Address 2394 SW FOXPOINT WAY PALM CITY FL 34990 US			. I (denik) kenka mai	1/ BB(1) BB(1) BB(1) B(1) B(1)		11 210 11 1 00 1	
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 59-1729236 Applied For Not Applicable					
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				and the second s	7Name and Addr	ess of New Registere	ed Agent "		
			Name ·						
Berlin, I			St	reet Address (P.O. Box Number is Not Acceptable)				
	FOXPOINT				T.O. BOX Number is Not Acceptable)				
PALM CI	TY FL 34990								
			Cit	ty	···········	F	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	. Registered Agen	t signature required	when reinstating)	DATE	Ē		
FILE NOW: FEE IS \$61.25		1	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of S	to State	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERLIN, ERNEST 2394 SW. FOXPOINT WAY PALM CITY FL 34990	☐ Delete	TITLE NAME STREET ADD	D Gott	fried, He		☐ Change	Addition	
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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 supplied ental 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 at 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 attaches at with an address, with all other like empowered.

SIGNATURE