

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

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

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

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

4. FEI Number **59-1729236**

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

**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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BERLIN, ERNEST**
STREET ADDRESS **2394 SW. FOXPOINT WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Change ☒ Addition
NAME **Gottfried, Herman**
STREET ADDRESS **2607 SW Greenwich Way, Palm City,**
CITY-ST-ZIP **FL. 34990**

TITLE **T** ☒ Delete
NAME **WEADE, JOAN**
STREET ADDRESS **1635 SW SILVER PINE WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Change ☒ Addition
NAME **Jaffe, Natalie**
STREET ADDRESS **6500 SE Harbor Circle**
CITY-ST-ZIP **Stuart, FL. 34996**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Tom Nangle**
STREET ADDRESS **23 S. Ridgeview Rd.**
CITY-ST-ZIP **Stuart, FL. 34996**

TITLE **D** ☒ Delete
NAME **FLAGG, JANE**
STREET ADDRESS **1286 NE. FLORA PLACE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ Change ☒ Addition
NAME **Ruth Simon**
STREET ADDRESS **2802 SE Dune Drive**
CITY-ST-ZIP **Stuart, FL. 34996**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Gloria Wolfe**
STREET ADDRESS **6914 SE Harbor Circle**
CITY-ST-ZIP **Stuart, FL. 34996**

TITLE **D** ☐ Delete
NAME **FABRICANT, ROBERT**
STREET ADDRESS **2575 SW. GREENWICH WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D** ☐ Change ☒ Addition
NAME **Vicky Yardley**
STREET ADDRESS **5248 SW Anhinga**
CITY-ST-ZIP **Palm City, FL. 34990**

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 another like empowered.

SIGNATURE *[Signature]* **RECEIVED**

CR2E037 (10/02)