

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90120 033 \*\*\*\*61.25

**DOCUMENT # 743940**

1. Entity Name  
**TREASURE COAST OPERA SOCIETY INC.**



Principal Place of Business

**802 S. SIXTH STREET  
FT. PIERCE FL 34950**

Mailing Address

**802 S. SIXTH STREET  
FT. PIERCE FL 34950**

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 **59-1840595**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARRENA, CARLOS  
117-A LAKE ENDS DRIVE  
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent

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 *Carlos Barrena*

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **DEVERCELLO, PAM**  
CITY-ST-ZIP **202 SE THORNEHILL DR  
PT ST LUCIE FL**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **ABOOD, ANNE**  
CITY-ST-ZIP **1725-B  
FT. PIERCE FL**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **HARTLEY, KEITH L**  
CITY-ST-ZIP **7509 CITRUS PARK BLVD  
FT PIERCE FL**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **BARRENA, CARLOS**  
CITY-ST-ZIP **117-A LAKE ENDS DR  
FT PIERCE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*KEITH L. HARTLEY*  
KEITH L. HARTLEY, Treasurer

*KEITH L. HARTLEY*  
1/31/03

CR2E037 (10/02)