2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

FILED Feb 01, 2000 8:00 am DOCUMENT # **744315** 1. Entity Name Secretary of State TREASURE COAST BONSAI SOCIETY INC. 02-01-2000 90075 028 ****61.25 Principal Place of Business Mailing Address ROBERT FINDER ROBERT PINDER 4016 SW MOORE ST 4016 SW MOORE ST PALM CITY FL 34990-5649 PALM CITY FL 34990 US 3. Mailing Address LANDINGHAM VAN DO NOT WRITE IN THIS SPACE NORTH WATERWAY DR. 444 NORTH WATERWAY DR. Applied For City & State 4. FEI Number 59-2335697 Not Application SATELLIA \$8.75 Additional 5. Certificate of Status Desired _____ Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent AN LANDINGHAM (P.O. Box Number is Not Acceptable) ORTH WATERWAY DR. PINDER, ROBERT 4016 SW MOORE ST PALM CITY FL 34990 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. M Change ☐ Addition TD TITLE TITLE Delete 📈 JIM VAN LANDINGHAM NAME CARPENTIER, ED NAME 444 NORTH WATERWAY DR. STREET ADDRESS STREET ADDRESS 12173 RIVERBEND RD CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP PT ST LUCIE FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME PINDER, ROBERT S NAME STREET ADDRESS STREET ADDRESS 4016.S.W. MOORE.ST CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME LEATZOW, NANCY G STREET ADDRESS STREET ADDRESS 6050 SE MARTINIQUE DR #102 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE ☐ Delete TITLE ☐ Change **Addition** ERNEST MALIN NAME 905 HERON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34982 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ERNEST R MALIN 1-27-2000