2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # 744315 1. Entity Name TREASURE COAST BONSAL SOCIETY INC. 03-16-2001 90062 002 ****61.25 Principal Place of Business Mailing Address JIM VAN LANDINGHAM JIM VAN LANDINGHAM 444 NORTH WATERWAY DR. 444 NORTH WATERWAY DR. SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 Principal Place of Business ailing Address<u>) اس</u> 1chard urner DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2335697 vera Not Applicable \$8.75 Additional INDIAN RIVEY 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN LANDINGHAM, JIM 444 NORTH WATERWAY DR. SATELLITE BEACH FL 32937 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 Fiorida FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. X Addition TITLE TITLE Delete ☐ Change Richard H Turner VAN LANDINGHAM, JIM NAME NAME 1755 74th Auc. STREET ADDRESS STREET ADDRESS 444 NORTH WATERWAY DR. CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PINDER, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 4016 S.W. MOORE ST CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete ☐ Change ☐ Addition LEATZOW, NANCY G NAME NAME STREET ADDRESS 6050 SE MARTINIQUE DR #102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE ☐ Delete TITLE Change ☐ Addition MALIN, ERNEST NAME NAME 905 HERON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F 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