

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

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90065 026 ****61.25

DOCUMENT # 744315

1. Entity Name

TREASURE COAST BONSAI SOCIETY INC.



Principal Place of Business

**RICHARD H. TURNER
1755 74TH AVENUE
VERO BEACH FL 32966
US**

Mailing Address

**RICHARD H. TURNER
P O BOX 1827
VERO BEACH FL 32961-1827
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**TURNER, RICHARD H
1755 74TH AVENUE
VERO BEACH FL 32966**

4. FEI Number **59-2335697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, RICHARD H 1755 74TH AVE VERO BEACH FL 32966	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINDER, ROBERT S 4016 S.W. MOORE ST PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LEATZOW, NANCY G 6050 SE MARTINIQUE DR #102 STUART FL 34997	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALIN, ERNEST 905 HERON AVE FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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, without other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME

2-26-03

CR2E037 (10/02)