

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752493

1. Entity Name

TREASURE COAST ARCHERS, INC.

Principal Place of Business

Mailing Address

1100 NW FEDERAL HWY.
STUART FL 34994
US

1088 FEDERAL HWY
STUART FL 34994
US

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

59-0193820

Applied For

Not Applicable

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

VERPORTER, NORBERT
1088 FEDERAL HWY
STUART FL 34940

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BUTLER, SCOTT
STREET ADDRESS 2474 WASHINGTON ST
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE PD ☒ Change ☐ Addition
NAME SCOTT BUTLER ATTEY
STREET ADDRESS 410 S.W. VIRGINIA DRIVE
CITY-ST-ZIP PORT ST. LUCIE 34983

TITLE VPD ☐ Delete
NAME CARR, WAYNE E
STREET ADDRESS 2709 SE HOLLY ST
CITY-ST-ZIP STUART FL 34997

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

TITLE SD ☐ Delete
NAME WILSON, DENNIS
STREET ADDRESS 406 SE JUSTINE TERRACE
CITY-ST-ZIP PT ST LUCIE FL 34993

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

TITLE TD ☐ Delete
NAME HANSEN, DANIEL
STREET ADDRESS 2017 SE VAN KELEFF AVE
CITY-ST-ZIP PT ST LUCIE FL 34952

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

TITLE D ☒ Delete
NAME BINTZ, MATTHEW
STREET ADDRESS 5092 SW LISBON CIR.
CITY-ST-ZIP STUART FL 34997

TITLE D. ☒ Change ☐ Addition
NAME GARY HATFIELD
STREET ADDRESS 966 LONG FELLOW RD
CITY-ST-ZIP P.S.L. 34953

TITLE ☐ Delete
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90082 009 ****61.25



DO NOT WRITE IN THIS SPACE

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