2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # 752493 1. Entity Name 04-24-2001 90054 023 ****61.25 TREASURE COAST ARCHERS, INC. Principal Place of Business Mailing Address 1100 NW FEDERAL HWY. 1088 FEDERAL HWY 46062 STUART FL 34994 STUART FL 34994 HS 2. Principal Place of Business 3. Mailing Address 1800 Pico 410 Sw. Wes TUIRGINIA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-0193820 ry ST. Luci Not Applicable \$8:75 Additional 5. Certificate of Status Desired 3498 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 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. \$5.00 May Be FILE NOW: 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Feas OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete ☐ Addition ☐ Change TITI F TITLE NAME ATTEY, SCOTT NAME STREET ADDRESS 410 SW VIRGINIA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34953 **VPD** TITLE Delete TITLE Change ☐ Addition CARR, WAYNE E NAME NAME STREET ADDRESS 2709 SE HOLLY ST STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ППЕ Addition NAME WILSON, DENNIS NAME STREET ADDRESS **406 SE JUSTINE TERRACE** STREET ADDRESS CITY-ST-ZIP PT ST LUCIE FL 34993 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HANSEN, DANIEL NAME NAME STREET ADDRESS 2017 SE VAN KELEFF AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PT ST LUCIE FL 34952 TITLE ☐ Delete TITLE Change Addition NAME HATFIELD, GARY NAME STREET ADDRESS 966 LONG FELLOW RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34953 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 part; that I am an officer or director of the corporation or the receiver or togetee 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/0/ pate Daytime Phone #

FILED

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