

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768819

1. Entity Name

TREASURE COAST RENTAL ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90042 004 ****61.25

Principal Place of Business

Mailing Address

~~TOWN & COUNTRY RENTAL~~
1472 WEST MLK JR BOULEVARD
RIVIERA BEACH FL 33404
US

% MIKE ROCHE
5289 SOUTHERN BLVD
WEST PALM BEACH FL 33415-1915
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Southeastern Equip Rental Fred
Suite, Apt. #, etc.
1472 W MLK King Blvd

Suite, Apt. #, etc.

City & State
Riviera Beach, FL

City & State

Zip
33404

Country
Palm Beach

Zip

Country

4. FEI Number

65-0576642

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

1472
~~STORM, FRED~~
~~1472 WEST MLK JR BOULEVARD~~
~~RIVIERA BEACH FL 33404~~

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 **D** ☐ Delete
NAME **TENNANT, DORSEY**
STREET ADDRESS **1601 N CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

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

TITLE **D** ☒ Delete
NAME **PALANCHER, STEVE**
STREET ADDRESS **763 N. ALT. A1A**
CITY-ST-ZIP **JUPITER FL**

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

TITLE **PD** ☐ Delete
NAME **STORM, FRED**
STREET ADDRESS **1472 W MLK JR BLVD**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE **D** ☒ Delete
NAME **SWANSON, MIKE**
STREET ADDRESS **1592 S.E. VILLAGE GREEN DRIVE, STE. A**
CITY-ST-ZIP **PORT ST. LUCIE FL**

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

TITLE **SEG** ☐ Delete
NAME **MEGATHIN, DAVID**
STREET ADDRESS **504 MIRAMAR LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

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

TITLE **VD** ☐ Delete
NAME **FISCHER, JERRY**
STREET ADDRESS **1508 CYPRESS DRIVE**
CITY-ST-ZIP **JUPITER FL 33469**

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:

David Megathin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MEGATHIN

Date

Daytime Phone #

561-371-1310

5/31/00

CR2 0:17 (9/93)