

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90226 007 ***150.00

0104681 AV

DOCUMENT # J95465

1. Entity Name

TREASURE COAST ENTERTAINMENT, INC.

Principal Place of Business

**1790 NW FEDERAL HWY
 12299 FLORIDA AVE.
 STUART FL 34994
 US**

Mailing Address

**12299 FLORIDA AVENUE
 STUART FL 34994-9142
 US**

2. Principal Place of Business

**633 NW BAKER RD
 SUITE, APT. #, etc.
 STUART FLORIDA
 City & State**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0007967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BERGEN, MARIE
 12299 FLORIDA AVE
 STUART FL 34994**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **BERGEN, THOMAS J**
 STREET ADDRESS **12299 FLORIDA AVE**
 CITY-ST-ZIP **STUART FL**

TITLE **ST** ☐ Delete
 NAME **BERGEN, MARIE A.**
 STREET ADDRESS **12299 FLORIDA AVE**
 CITY-ST-ZIP **STUART FL**

TITLE **D** ☒ Delete
 NAME **LATTIMORE, GEORGE**
 STREET ADDRESS **1501 SW WEPACO AVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARIE A. BERGEN** **7/26/01** **561-692-2514**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment
DH 595465
A 0080089

EAST COAST AIR SPECIALISTS

633 NW BAKER ROAD
STUART, FL. 34994
CACO 57308

Phone (561) 692-2514
Fax (561) 692-2682

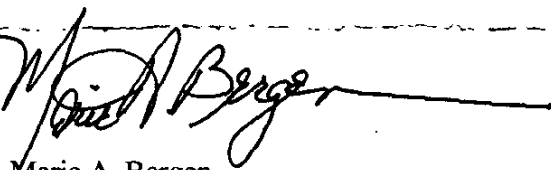
July 26, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302 - 1500

To whom it may concern,

After my conversation with Deidra today, I am enclosing a check for the original filing fee of \$150.00. Please waive the late fee because there was a change of address for the principal place of business and the first report was not received. In ten years of business, I have never been late with a payment. Thank you.

Sincerely,



Marie A. Bergen
Owner/Manager