

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90008 011 ***150.00

DOCUMENT # J97699

1. Entity Name

TREASURE COAST MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

1839 SE PORT ST LUCIE BLVD
 PORT ST. LUCIE FL 34952

1839 SE PORT ST LUCIE BLVD
 PORT ST. LUCIE FL 34952-5529

950990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3104 SE Overbrook Dr.

3. Mailing Address

P.O. Box 7355

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL 34952

City & State

Port St. Lucie, FL 34952

4. FEI Number

59-2852387

Applied For

Not Applicable

Zip
34952

Country
USA

Zip
34985-7355

Country
USA

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIERNEY, STEPHEN
311 S. 2ND ST.
FT. PIERCE FL 34950

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VPS**
 STREET ADDRESS **SMITH, YVONNE E**
 CITY-ST-ZIP **1839 SE PORT ST. LUCIE BLVD.**
PORT ST. LUCIE FL 34952

Change Addition
 TITLE
 NAME
 STREET ADDRESS **3104 SE Overbrook Dr.**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE Delete
 NAME **PT**
 STREET ADDRESS **OLDFIELD, RICHARD J.**
 CITY-ST-ZIP **1839 SE PORT ST LUCIE BLVD**
PORT ST. LUCIE FL 34952

Change Addition
 TITLE
 NAME
 STREET ADDRESS **3104 SE Overbrook Dr.**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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:

Yvonne E. Smith
 Yvonne E. Smith V.P.

Yvonne E. Smith V.P.

04/21/00

561-337-2866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)