

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13392

1. Entity Name

TREASURE COAST LAND CLEARING, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90007 014 ***150.00

Principal Place of Business

Mailing Address

201 CAMPBELL RD
FORT PIERCE FL 34945
US

201 CAMPBELL RD
P.O. BOX 1132
FORT PIERCE FL 34954-1132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0026598**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~FARRELL, RICKEY L.~~
~~1595 SE PORT ST. LUCIE BLVD.~~
~~PORT ST LUCIE FL 34952~~

Name **JOHN G. TALLEY**
Street Address (P.O. Box Number is Not Acceptable)
301 Campbell Rd.
City **FT Pierce** FL **34945**

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)

3-27-00

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 **P** ☐ Delete
NAME **TALLEY, JOHN GARRETT**
STREET ADDRESS **2601 OHIO AVE**
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JOHN TALLEY**
STREET ADDRESS **301 Campbell Rd.**
CITY-ST-ZIP **FT Pierce FL 34945**

TITLE **V. PRESIDENT** ☐ Delete
NAME **CHARLES DERRY III**
STREET ADDRESS **403 W. COXER RD.**
CITY-ST-ZIP **FT PIERCE FL 34945**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-00

561-4667296

CR200012 (1/99) 11