

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003786

1. Entity Name

TREASURE COAST CHILDREN AND FAMILY SERVICES INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90134 017 ****61.25

Principal Place of Business

Mailing Address

2501 31ST AVE. SUITE A2-1
VERO BEACH FL 32960

2501 31ST AVE. SUITE A2-1
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1021429

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

WAITE, GERRY L
2836 ATLANTIC BLVD
VERO BEACH FL 32960

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 WAITE, GERRY L
STREET ADDRESS 2836 ATLANTIC BLVD
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE D ☐ Delete
NAME GUARINE, JOSEPH W
STREET ADDRESS 7345 33RD AVE
CITY-ST-ZIP VERO BEACH FL 32967

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

TITLE D ☐ Delete
NAME DONGHIA, RENATE
STREET ADDRESS 6605 OCALA AVENUE
CITY-ST-ZIP FORT PIERCE FL 34951

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Gerry L. Waite, Director

4/30/02

772-569-7115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)