

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008264

1. Entity Name

TREASURE COAST VENTURE CAPITAL FORUM, INC.

Principal Place of Business

506 SOUTH FEDERAL HIGHWAY SUITE 202  
STUART FL 34994

Mailing Address

506 SOUTH FEDERAL HIGHWAY SUITE 202  
STUART FL 34994

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BATES, DAVID G  
9158 CHIANTI COURT  
BOYNTON BEACH FL 33437

4. FEI Number

65-1154399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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

TITLE D ☐ Delete  
NAME BATES, DAVID G  
STREET ADDRESS 9158 CHIANTI COURT  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D ☐ Delete  
NAME MELBY, CRAIG  
STREET ADDRESS 3047 SW CEDAR TRAIL  
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete  
NAME LUKE, ANN  
STREET ADDRESS 3741 NE SUGARHILL AVENUE  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90755 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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