

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100008264	
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 215 S. Federal Hwy.	3. Mailing Address 215 S. Federal Hwy.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Stuart, FL	City & State Stuart, FL
Zip 34994	Zip 34994



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1154399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BATES, DAVID G 9158 CHIANTI COURT BOYNTON BEACH, FL 33437	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D BATES, DAVID G	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, DAVID G		NAME		
STREET ADDRESS	9158 CHIANTI COURT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELBY, CRAIG		NAME		
STREET ADDRESS	3047 SW CEDAR TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE, ANN		NAME		
STREET ADDRESS	3741 NE SUGARHILL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	[Blank]	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mark Brechbill	
STREET ADDRESS			STREET ADDRESS	215 S. Federal Hwy. - Ste. 100	
CITY-ST-ZIP			CITY-ST-ZIP	Stuart, FL 34994	
TITLE	[Blank]	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	[Blank]	<input type="checkbox"/> Delete	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mark Brechbill **MARK BRECHBILL** 4/16/03 (772) 220-3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)