

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90172 046 ****70.00

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

DOCUMENT # N02000003127

1. Entity Name

TREASURE COAST CAT CLUB, INC.



Principal Place of Business

JOHN H. KUEHNE
2085 54 AVE
VERO BEACH FL 32966

Mailing Address

JOHN H. KUEHNE
2085 54 AVE
VERO BEACH FL 32966

2. Principal Place of Business

Karen Kuehne

3. Mailing Address

Karen Kuehne

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2085 54th Avenue

2085 54th Avenue

City & State

City & State

Vero Beach, FL

Vero Beach, FL

Zip

Zip

32966

Country

USA

Country

USA

4. FEI Number

59-3116037

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUEHNE, JOHN H
2085 54 AVE
VERO BCH FL 32966

7. Name and Address of New Registered Agent

Name
Karen Kuehne

Street Address (P.O. Box Number, Is Not Acceptable)
2085 54th Avenue

City
Vero Beach, FL

FL

Zip Code
32966

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Kuehne

Karen Kuehne, Treasurer

02/04/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUEHNE, JOHN H 2085 54 AVE VERO BCH FL 32966 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINBINE, BARBARA 17272 HAMMOCK LN FT-PIERCE FL 34987 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, KELLI 5145 SE CHANNEL DR STUART FL 34997 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUEHNE, KAREN 2085 54 AVE VERO BCH FL 32966 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D Barbara Sinbine 17275 Hammock Lane Ft. Pierce, FL 34987 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D Maricava Johnson 754 Altura Street Port St. Lucie, FL 34952 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Karen Kuehne
KAREN KUEHNE, Treasurer

02/04/03 772-562-4191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)