

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N20817

1. Entity Name

TREASURE COAST ADVERTISING FEDERATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-11-2000 90029 004 ****61.25

Principal Place of Business

Mailing Address

P O BOX 4477

P O BOX 4477

FORT PIERCE FL 34948-4477

FORT PIERCE FL 34948-4477

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

65-0067802

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS-MCLAUGHLIN, DORIS
 100 AVE A
 SUITE 2-C
 FT PIERCE FL 34950

Name Blair, Doris
 Street Address (P.O. Box Number Not Acceptable) 100 Ave A
Suite 2-C
 City Ft. Pierce FL Zip Code 34950

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

2/7/00

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 PINE, JON
 STREET ADDRESS 3055 CARDINAL DR., SUITE 200
 CITY-ST-ZIP VERO BEACH FL

TITLE PD ☐ Delete
 NAME JETTINHOFF, DIANE
 STREET ADDRESS 8326 SE P NEHAVEN AVE
 CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VPD ☐ Delete
 NAME MAZZOTA, JASON
 STREET ADDRESS 7886 SW ELLIPSE WAY
 CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME Jettinhoff, Diane
 STREET ADDRESS 8326 SE P NEHAVEN AVE
 CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☒ Change ☐ Addition
 NAME Mazzota, Jason
 STREET ADDRESS 7886 SW Ellipse Way
 CITY-ST-ZIP Stuart, FL 34997

TITLE ☐ Change ☒ Addition
 NAME Propis, Sherry
 STREET ADDRESS 6326 NW Granger Rd
 CITY-ST-ZIP PSL, FL 34983

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS BLAIR

Date

Daytime Phone #

2/7/00

561-465-4654