## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 31, 2000 8:00 am Secretary of State DOCUMENT # N9300003431 1. Entity Name FLORIDA'S TREASURE COAST DOLL CLUB, INC. 03-31-2000 90037 039 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 650152 P.O. BOX 650152 VERO BCH. FL 32965-0152 VERO BCH. FL 32965 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 43-1527098 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEBBER, LINDA Street Address (P.O. Box Number is Not Acceptable) CAVAN, NANCY 2945 2ND PLACE SW COURT VERO BEACH FL 32968 City 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. 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete TITLE MARTIN, DEBBIE NAME SICKWORTH, MARJORIE NAME 425 DATE PALM RD VERO BEACH, FL 32966 STREET ADDRESS STREET ADDRESS **415 38TH COURT** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 PD WEBBER, LINDA Change Addition TITLE PD 🔀 Delete TITLE NAME NAME CAVAN, NANCY BATH COURT STREET ADDRESS STREET ADDRESS 2945 2ND PL SW VERO BEACH, F/ *34.968* CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL 32968 Change . Addition TITLE SD Delete TITLE BROWN, KRISTI RICHARDS, MARION NAME 646 S.W. BRADDOCK ST STREET ADDRESS STREET ADDRESS 7300 20TH ST #519 -34958 SEBASTIAN, FL CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 Delete Change ☐ Addition TITLE RUTH HEFENER 2701 6TH PLACE OWENS, NORA K. NAME NAME STREET ADDRESS STREET ADDRESS 917 STREAMLET AVE VERO BEACH, F/ 32968 CITY-ST-ZIP CITY-ST-ZIP Sebastian FL 32958 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete 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.

HEFFNER

561-569-3595

Daytime Phone #