

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002279

1. Entity Name

TREASURE COAST JAZZ ENSEMBLE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90100 035 ****61.25

Principal Place of Business

919 JUNIPER PL
 JENSEN BEACH FL 34957
 US

Mailing Address

919 NE JUNIPER PL
 JENSEN BEACH FL 34957-5079
 US

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

65-0495332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICKERSON, JOHN B
 919 NE JUNIPER PL
 JENSEN BEACH FL 34957

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 NICKERSON, JOHN
 919 NE JUNIPER PLACE
 JENSEN BEACH FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 CARLUCCI, ROCCO
 2792 SPRUCE RIDGE AVE
 JENSEN BEACH FL 34957 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 GRAVINO, NICK
 3595 SE DOUBLETON DR
 STUART FL 34997 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BAKER RUEL
 88 N. SEYMUS PT. RD
 STUART, FL 34996 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SCOTT, CHUCK
 4469 SE TALL PINES AVE.
 STUART FL 34997 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SHIELDS GARY
 4261 SE SATIN LEAF PL
 STUART FL 34997 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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)(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:

John B. Nickerson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

561-334-1599

Date

Daytime Phone #

CR2E037 (9/99)