

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90365 001 ***122.50

DOCUMENT # N99000004484

1. Entity Name
TREASURE COAST HOUSING OPPORTUNITIES CORPORATION



Principal Place of Business

**707 N 7 STREET
FT PIERCE FL 34950**

Mailing Address

**707 N 7 STREET
FT PIERCE FL 34950**

55003839



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **22-3693611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUSANEK, LINDA S
707 N 7 STREET
FT PIERCE FL 34950**

DELETE

7. Name and Address of New Registered Agent

Name

Glaister A. Brooks

Street Address (P.O. Box Number is Not Acceptable)

707 North 7th Street

City

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARTER, THERESA**
STREET ADDRESS **2901B AVE F**
CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE **D** ☐ Delete
NAME **RICHARDSON, WILLIE**
STREET ADDRESS **3021 43RD STREET**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **D** ☐ Delete
NAME **BRENNER, HARRIETT**
STREET ADDRESS **1630 SEAWAY DR #307**
CITY-ST-ZIP **FT PIERCE FL 34948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for an 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:

Glaister A. Brooks

January 8, 2003 (772)429-6427

CR2E037 (10/02)