

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**  
 02-27-2002 90053 050 \*\*\*150.00

**DOCUMENT # P00000064635**

1. Entity Name  
**TC MANAGEMENT GROUP, INC.**

Principal Place of Business  
**8190 LITTLETON RD.**  
**N. FT. MYERS FL 33903**

Mailing Address  
**8190 LITTLETON RD.**  
**N. FT. MYERS FL 33903**

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

**NOT APPLICABLE**

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**

**CHASTAIN, CHERYL**  
**8190 LITTLETON RD.**  
**N. FT. MYERS FL 33903**

**7. Name and Address of New Registered Agent**

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 *Cheryl Chastain*

*2-7-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHASTAIN, GREGORY L</b>	
STREET ADDRESS	<b>2101 CHANDLER AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRIAY, CHARLES M</b>	
STREET ADDRESS	<b>2566 NW OWENS AVE.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHASTAIN, CHERYL</b>	
STREET ADDRESS	<b>2101 CHANDLER AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRIAY, CAROLYN</b>	
STREET ADDRESS	<b>2566 NW OWENS AVE.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Chastain* *2-7-02* *941-995-5115*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)