

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90001 013 \*\*\*150.00

**DOCUMENT # P03000083464**

1. Entity Name  
**TREASURE COAST UMPIRE ASSOCIATION INC.**



Principal Place of Business  
**1692 SW SCHLEICHER LANE  
PORT ST. LUCIE, FL 34984**

Mailing Address  
**1692 SW SCHLEICHER LANE  
PORT ST. LUCIE, FL 34984**

**50061988**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**45-0523835**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CASTELLANO, PHILIP J  
1692 SW SCHLEICHER LANE  
PORT ST. LUCIE, FL 34984**

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. 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 \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **CASTELLANO, PHILIP J**  
STREET ADDRESS **1692 SW SCHLEICHER LANE**  
CITY- ST- ZIP **PORT SAINT LUCIE, FL 34984**

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

TITLE **VS** ☐ Delete  
NAME **WITH, ROBERT R**  
STREET ADDRESS **3311 SEE REMINGTON CT.**  
CITY- ST- ZIP **PORT SAINT LUCIE, FL 34952**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
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 607, 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

Date

Daytime Phone #

ATTACHMENT  
50061988  
Division of Corporations

## Annual Report

Annual Report Help

Document Number  
P03000083464Business Entity Name  
TREASURE COAST UMPIRE ASSOCIATION INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

450523835

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$3.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

1692 SW SCHLEICHER LANE

Suite, Apt. #, etc.

City, State

PORT ST. LUCIE

FL

Zip Code &amp; Country

34984

## Mailing Address

Address

1692 SW SCHLEICHER LANE

Suite, Apt. #, etc.

City, State

PORT ST. LUCIE

FL

Zip Code &amp; Country

34984

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

CASTELLANO

PHILIP

J

-or- RA Business Name

Address (PO Box is not acceptable)

1692 SW SCHLEICHER LANE

Suite, Apt. #, etc.

City, State

PORT ST. LUCIE

FL

Zip Code &amp; Country

34984

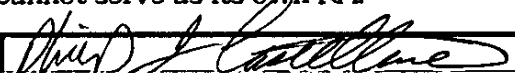
US

If there is a change in registered agent, the new agent will need to type their

ATTACHMENT  
52061988

name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

## Officer/Director Name And Address

Title	<input type="text" value="PT"/>			
Name (Last, First, Middle, Title)	<input type="text" value="CASTELLANO"/>	<input type="text" value="PHILIP"/>	<input type="text" value="J"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="1692 SW SCHLEICNER LANE"/>			
City, State	<input type="text" value="PORT SAINT LUCIE"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="34984"/>	<input type="text"/>		
Title	<input type="text" value="VS"/>			
Name (Last, First, Middle, Title)	<input type="text" value="WITH"/>	<input type="text" value="ROBERT"/>	<input type="text" value="R"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="3311 SEE REMINGTON CT."/>			
City, State	<input type="text" value="PORT SAINT LUCIE"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="34952"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			

ATTACHMENT  
2006/588

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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