

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000083464

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1692 SW SCHLEICHER LANE  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1692 SW SCHLEICHER LANE  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 45-0523835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** CASTELLANO, PHILIP J  
**Address:** 1692 SW SCHLEICHER LANE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** VS  
**Name:** WITH, ROBERT R  
**Address:** 3311 SEE REMINGTON CT.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PHIL CASTELLANO

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date