

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029251

1. Entity Name

FLORIDA VENTURES OF THE TREASURE COAST, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90110 029 ***150.00

Principal Place of Business

Mailing Address

5111 SW ORCHID BAY DRIVE
 PALM CITY FL 34990
 US

P O BOX 1886
 PALM CITY FL 34991-6886
 US

2. Principal Place of Business

3. Mailing Address

3367 NE AVIARY PLACE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

JENSEN BEACH, FL

4. FEI Number 04-2465128

Applied For

Not Applicable

Zip 34957

Country U.S.

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

NORUP, HOWARD P JR
 5111 SW ORCHID BAY DRIVE
 PALM CITY FL 34990

Name

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

3367 NE AVIARY PLACE

V

City

JENSEN BEACH

FL

Zip Code

34957

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

April 24, 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORUP, HOWARD P JR 5111 SW ORCHID BAY DRIVE PALM CITY FL 34990 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3367 NE AVIARY PLACE JENSEN BEACH FL 34957 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.00

Date

(561) 334 1951

Daytime Phone #