

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024301

1. Entity Name

TREE HOUSE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90021 007 ***150.00

Principal Place of Business

Mailing Address

2203 NORTH U.S. 1
TITUSVILLE FL 32796

P.O. BOX 462
SCOTTSMOOR FL 32775-0462
US

2. Principal Place of Business

2203 US #1

3. Mailing Address

PO BOX 462

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TITUSVILLE FL

City & State

SCOTTSMOOR FL

Zip
32796

Country
FLORIDA

Zip
32775

Country
FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3451151

Applied For

Not Applicable

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

DARST, WILLIAM C. JR.
2203 NORTH U.S. 1
TITUSVILLE FL 32796

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

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, 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 VPS
NAME FRENCH, DIANA L.
STREET ADDRESS 2203 N. US #1
CITY-ST-ZIP TITUSVILLE FL 32796

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PT
NAME DARST, WILLIAM C. JR.
STREET ADDRESS 2203 N. US #1
CITY-ST-ZIP TITUSVILLE FL 32796

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

William C. Darst Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. DARST JR 3-1-2000

Date

321-385 2003

CR2E034 (9/99)