

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084590

1. Entity Name

TREASURE COAST THERAPY SERVICES, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90029 049 ***150.00

Principal Place of Business

Mailing Address

360 ALICE AVE
STUART FL 34994

360 ALICE AVE
STUART FL 34957-4752

2. Principal Place of Business

702 Jensen Beach Blvd

3. Mailing Address

702 Jensen Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

4. FEI Number

65-0868009

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

Country

=USA

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

SAMPSON, CRAIG
2101 S.E. HERRON AVENUE
PORT ST. LUCIE FL 34952

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 ☐ Delete
NAME D
STREET ADDRESS SAMPSON, CRAIG
CITY-ST-ZIP 2101 S.E. HERRON AVENUE
PORT ST. LUCIE FL 34952

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Sampson, Craig
CITY-ST-ZIP 2101 SE Herron Ave
Port St. Lucie, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS Davis, Randy
CITY-ST-ZIP 135 Faithway
Jupiter, FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS Evans, Cynthia
CITY-ST-ZIP 7330 Shanas Trail
Port St. Lucie, FL 34952

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

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

4-30-00 56-2258908
Date Daytime Phone #

CR2E034 (9/99)