

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90073 002 ***150.00

DOCUMENT # P99000005586

1. Entity Name

LIFESTYLES OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

**4825 TERRAPIN COURT
 MELBOURNE BEACH FL 32951**

**4825 TERRAPIN COURT
 MELBOURNE BEACH FL 32951-3637**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3560506

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name **REX D. HILL**

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

4825 TERRAPIN CT

City **MELBOURNE BEACH, FL** Zip Code **32951**

8. The above named entity commits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Rex D. Hill

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-27-00

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 **PRESIDENT** Delete
 NAME **REX D. HILL**
 STREET ADDRESS **4825 TERRAPIN CT**
 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE PRESIDENT** Delete
 NAME **RONALD M. PRUPIS**
 STREET ADDRESS **12608 NW 11th CT**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 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:

Ronald M. Prupis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

DATE

321-768-9898

DAYTIME PHONE #

CR2E034 (9/99)