

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90002 014 ***150.00

DOCUMENT # **P99000005301**

1. Entity Name

TREASURE TROVE INC.

Principal Place of Business

Mailing Address

SAME

951 PRIM AVENUE #20
GRACEVILLE, FL. 32440

2. Principal Place of Business

3. Mailing Address

951 PRIM AVENUE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20

City & State

City & State

GRACEVILLE FLORIDA

Zip

Country

Zip

Country

32440

JACKSON

4. FEI Number

Applied For

59-3588642

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

Name

DONNA S. Whipple

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

1416 WALKER RD

City

GRACEVILLE

FL

Zip Code

32440

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

Donna S. Whipple

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

(NOTE: Registered Agent signature required when reinstating)

5-10-00

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 NAME **DANA J Whipple** ☐ Delete
 STREET ADDRESS **1416 WALKER RD**
 CITY-ST-ZIP **GRACEVILLE FL. 32440**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **DONNA S. Whipple** ☐ Delete
 STREET ADDRESS **1416 WALKER RD**
 CITY-ST-ZIP **GRACEVILLE FL. 32440**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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)(f), 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:

Donna S. Whipple

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-00

Daytime Phone #

CR2E014 (9/97)