

1062

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 49 000065484** ✓
1. Entity Name
TREASURE COAST ELEC CO, INC.

FILED

00 JUN 17 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
421 12th FL SE
Vero Beach FL 32962

2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6/9/00 910215/013 \$150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0949204** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
James P. Corey, P.A.
664 Azalea Lane Ste B
Vero Beach FL 32963
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.
CONFIRMING ABOVE, LOST RENEWAL FORM
SIGNATURE **Janetta E. Rosenberg** (NOTE: Registered Agent signature required when reinstating) DATE

8. 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 | LORETTA E. (Pres) ROSENBERG | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAME AS PRINCIPAL Location | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Janetta E. Rosenberg** **5/18/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

LAW OFFICES OF JAMES P. COVEY, P.A.

202

**1111 S. Federal Highway, Suite 118
Stuart, Florida 34994
561-286-5820
FAX 561-286-1505**

**664 Azalea Lane, Suite B
Vero Beach, Florida 32963
561-231-0006
FAX 561-234-1422**

Reply to:

Stuart

July 12, 2000

VIA CERTIFIED MAIL
NO. 7099 3400 0007 2591 0141

Florida Department of State
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Reference Number P99000065484
Treasure Coast Elder Care, Inc.

To Whom It May Concern:

I am writing to respectfully request that the late fee of \$400 be waived for the above-referenced business. When Mrs. Rosenberg was in the law office and was questioned about filing her first report, she did not recall receiving her 2000 Uniform Business Report in the mail. Our office then promptly called your 800 number and requested that a blank form be mailed to us for her completion.

At the time, my assistant expressed concern with your department that the report would be late and requested that the form be faxed to our office for completion. She was told by Anthony that the late fee would not be imposed for the month of May. The form was mailed to the law office and completed and signed by Mrs. Rosenberg. It was mailed on May 18, 2000, with a check for \$150.00.

Your letter dated June 14, 2000, was rather misleading and did not have the correct phone number to call. I was finally instructed to call 850-487-6059. The letter stated to return "the corrected report..." After much discussion, it was decided that there was nothing wrong with the report; it was just considered late. However, the letter states, "To avoid the \$400.00 late fee, please return the corrected report....."

I am aware of other businesses that did not receive their reports and called in and asked for blank forms to be mailed to them. These were filed early in May, and have not received a penalty notice. Therefore, please consider waiving the \$400 late fee and file the report you have in your possession. If you need additional information, please contact me at the Stuart address. Thank you for your consideration with this matter.

Sincerely,


James P. Covey

JP/Jkc
(dictated but not reviewed
by JPC to expedite)

cc: Mrs. Loretta Rosenberg