

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90106 008 ***150.00

DOCUMENT # P99000066486

1. Entity Name

TREE CORPORATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

**3829 RODEO RD.
 BELL FL 32619**

**P.O. BOX 9
 BELL FL 32619-0009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591619

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLUCKMAN, JEREMY E ESQ
 707 N. FRANKLIN ST., 4TH FLOOR
 TAMPA FL 33602**

Name
MARK GLUCKMAN

Street Address (P.O. Box Number is Not Acceptable)
1479 NW 40th AVENUE

BELL

City

FL

Zip Code
32619

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

Mark A. Gluckman **MARK A. GLUCKMAN**

3/31/00

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 **DPC GLUCKMAN, MARK**
 STREET ADDRESS **707 N. FRANKLIN ST., 4TH FLOOR**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME **GLUCKMAN, MARK**
 STREET ADDRESS **1479NW 40th AVE. PO BOX 610**
 CITY-ST-ZIP **BELL, FL 32619**

TITLE Delete
 NAME **DVT MASIO, MARC**
 STREET ADDRESS **707 N. FRANKLIN STREET, 4TH FLOOR**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME **MASIO, MARC**
 STREET ADDRESS **10921 NW 31st PLACE**
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE Delete
 NAME **DV MASIO, REBECCA**
 STREET ADDRESS **707 N. FRANKLIN STREET, 4TH FLOOR**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME **MASIO, REBECCA**
 STREET ADDRESS **10921 NW 31st PLACE**
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE Delete
 NAME **DVS GLUCKMAN, LEE**
 STREET ADDRESS **707 N. FRANKLIN STREET, 4TH FLOOR**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE Change Addition
 NAME **GLUCKMAN, LEE**
 STREET ADDRESS **1479 NW 40th AVE. PO BOX 610**
 CITY-ST-ZIP **BELL, FL 32619**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D MASIO, JANET**
 STREET ADDRESS **59 HAZEL ST.**
 CITY-ST-ZIP **DUMONT, NJ 07628**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D GLUCKMAN, SIDNEY**
 STREET ADDRESS **13767 AMHERST WAY**
 CITY-ST-ZIP **LAKEWOOD, CO 80228**

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:

Mark A. Gluckman **MARK A. GLUCKMAN**

3/31/00

352-463-7185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

Amherst
10051993

DOCUMENT # P99000066486

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GLUCKMAN, JEREMY E ESQ
707 N. FRANKLIN ST., 4TH FLOOR
TAMPA FL 33602

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)



10. Election Campaign Financing Trust Fund Contribution

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC GLUCKMAN, MARK 707 N. FRANKLIN ST., 4TH FLOOR TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additive
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MASIO, MARC 707 N. FRANKLIN STREET, 4TH FLOOR TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additive
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MASIO, REBECCA 707 N. FRANKLIN STREET, 4TH FLOOR TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additive
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLUCKMAN, ELIZABETH 13767 AMHERST WAY LAKEWOOD, CO 80228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additive

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SIGNATURE:

MARKA GLUCKMAN *3/2/00* *352-463-7185*

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #