

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90103 008 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000079584**

1. Entity Name
The Tree Advocate, Inc
1124 Myrtle Ave
Venice, FL 34292

Principal Place of Business Mailing Address
1124 Myrtle Ave
Venice, FL 34292

2. Principal Place of Business 3. Mailing Address
1124 Myrtle Ave **1124 Myrtle Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Venice, FL **Venice, FL**
 Zip Country Zip Country
34292 Sarasota **34292 Sarasota**

4. FEI Number Applied For
65-0964975 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Secretary

7. Name and Address of New Registered Agent
 Name **Cynthia Lawrence**
 Street Address (P.O. Box Number is Not Acceptable)
1124 Myrtle Ave.
 City **Venice** **FL** Zip Code **34292**

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 **Cynthia Lawrence** DATE **5/1/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	President	Larry A. Lawrence	1124 Myrtle Ave Venice, FL 34292				
	Vice-President	Cynthia Lawrence	1124 Myrtle Ave Venice, FL 34292				
	Secretary	Cynthia Lawrence	1124 Myrtle Ave Venice, FL 34292				
	Treasurer	Cynthia Lawrence	1124 Myrtle Ave Venice, FL 34292				

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: **Larry A. Lawrence** Date **5-5-00** Daytime Phone # **941-468-3724**
 Signature and typed or printed name of signing officer or director

CR2E034 (9/99)