

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081188

1. Entity Name

THE TREASURE HUNTERS SOCIETY, INC.

Principal Place of Business

5647 SUMMERSIDE LANE
SARASOTA FL 34231

Mailing Address

5647 SUMMERSIDE LANE
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARICH, BEN
5647 SUMMERSIDE LANE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE P
NAME MARICH, BEN W
STREET ADDRESS 5647 SUMMERSIDE LN
CITY-ST-ZIP SARASOTA FL 34231

TITLE V
NAME NEUFLEUER, SYLVIO
STREET ADDRESS 5647 SUMMERSIDE LN
CITY-ST-ZIP SARASOTA FL 34231

TITLE ST
NAME JERVIS, SARAH RE
STREET ADDRESS 5647 SUMMERSIDE LN
CITY-ST-ZIP SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ASHOK TANDON
STREET ADDRESS 5647 SUMMERSIDE LN
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME NEUFLEUER, SYLVIO
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME JERVIS - READ, SARAH
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN MARICH

4/11/01 9276233

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90063 045 ***150.00

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DO NOT WRITE IN THIS SPACE

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