

DOCUMENT # **S21511**  
1. Entity Name

**TREASURE CHEST LONGWOOD/LAKE MARY, INC.**

714 SAVAGE COURT  
LONGWOOD FL 32750

714 SAVAGE COURT  
LONGWOOD FL 32750-4913

### 3. Mailing Address.

Suite, Apt. #, etc.

City &amp; State

Country

**59-3049163**

Not Applicable
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**\$8.75** Additional  
Fee Required

### **7. Name and Address of New Registered Agent**

NACKINO, ANN T  
714 SAVAGE CT  
LONGWOOD FL 32750

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

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.

DATE \_\_\_\_\_

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**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

**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Delete

 Delete

☐ Delete☐ Delete☐ Delete☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change      ☒ Addition☐ Change      ☐ Addition

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: John J. Nackino JNN NACKINO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

(407) 332-1544

CR2E034 (9/99)