

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069227

1. Entity Name

RADCO TREASURE COAST, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90124 036 ***150.00

Principal Place of Business

Mailing Address

ANGLE RD.
PIERCE FL 34947

P.O. BOX 416
FT. PIERCE FL 34954-0416

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 65-0773508

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYNER, JAMES R
9335 ANGLE RD.
FT. PIERCE FL 34947

Name BEVERLY W. TYNER
Street Address (P.O. Box Number is Not Acceptable)
9335 ANGLE ROAD
City FORT PIERCE FL Zip Code 34947

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 *Beverly W Tyner*

BEVERLY W. TYNER

2-9-00

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, 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	DP	<input type="checkbox"/> Delete
NAME	TYNER, JAMES R	
STREET ADDRESS	9335 ANGLE RD.	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TYNER, BEVERLY	
STREET ADDRESS	9335 ANGLE RD.	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, JAMES R.	
STREET ADDRESS	9335 ANGLE ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY W. TYNER	
STREET ADDRESS	9335 ANGLE ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Beverly W Tyner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY W TYNER 2-9-00

Date

Daytime Phone #

561-467-0878

CR2E034 (9/99)