

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90584 048 ****61.25

DOCUMENT # N99000001691

1. Entity Name

TREASURE COAST MERCHANT MARINES CHAPTER, INC.

Principal Place of Business

889 S.W. WENTWORTH STREET
 SEBASTIAN FL 32958

Mailing Address

989 S.W. WENTWORTH STREET
 SEBASTIAN FL 32958

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

NOT APPLICABLE

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

MATTHEWS, GALE H
889 S.W. WENTWORTH STREET
SEBASTIAN FL 32958

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
VERCRUYSE, GEORGE
 STREET ADDRESS **78 SAN LUIS OBISPO**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE Change Addition
 NAME **D**
SHERIDAN, GEORGE
 STREET ADDRESS **3100 NORTH AIA-APT PHC-1**
 CITY-ST-ZIP **NORTH HUTCHINSON ISLAND**
FT. PIERCE, FL. 34949 Change Addition

TITLE Delete
 NAME **VP**
O'ROURKE, ROBERT
 STREET ADDRESS **1973 SW MOCKINGBIRD LANE**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
TURNER, BRINTON
 STREET ADDRESS **8100 SE PRUITT RD G-102**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
MATTHEWS, GALE
 STREET ADDRESS **889 SW WENTWORTH ST**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BRADY, JOHN F
 STREET ADDRESS **329 NE CULLMAN CT**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
STILLE, GINGER
 STREET ADDRESS **92-92 DUNCAN ST**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gale H. Matthews Treas.* 2-12-01 561-589-7625
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)