

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90024 037 \*\*\*\*61.25

**DOCUMENT # N99000001691**

**1. Entity Name**  
**TREASURE COAST MERCHANT MARINES CHAPTER, INC.**

<b>Principal Place of Business</b> 889 S.W. WENTWORTH STREET SEBASTIAN FL 32958	<b>Mailing Address</b> 889 S.W. WENTWORTH STREET SEBASTIAN FL 32958
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

**4. FEI Number** NOT APPLICABLE  
 Applied For  Not Applicable

Zip	Country	Zip	Country
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MATTHEWS, GALE H**  
**889 S.W. WENTWORTH STREET**  
**SEBASTIAN FL 32958**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VERCRUYSSSE, GEORGE</b> <b>78 SAN LUIS OBISPO</b> <b>FORT PIERCE FL 34951</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>O'ROURKE, ROBERT</b> <b>1973 SW MOCKINGBIRD LANE</b> <b>PALM CITY FL 34990</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, BRINTON</b> <b>8100 SE PRUITT RD G-102</b> <b>PORT SAINT LUCIE FL 34952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MATTHEWS, GALE</b> <b>889 SW WENTWORTH ST</b> <b>SEBASTIAN FL 32958</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADY, JOHN F</b> <b>329 NE CULLMAN CT</b> <b>PORT SAINT LUCIE FL 34983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STILLE, GINGER</b> <b>92-92 DUNCAN ST</b> <b>HOBE SOUND FL 33455</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Matthews* **2-12-02** **361-589-7625**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)