

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90058 029 \*\*\*\*\*61.25

DOCUMENT # 725621

1. Entity Name

TREASURE COAST BOATING SAFETY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1400 SEAWAY DR  
FORT PIERCE FL 34949

1400 SEAWAY DR  
FORT PIERCE FL 34949

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

59-2367649

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

CAWTHORNE, J. DALE  
4176 B GATOR TRACE VILLAS COURT  
FORT PIERCE FL 34982

Name JERALD D. HENDERSON

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

5009 BUCHANAN DR

FORT PIERCE, FL

City FORT PIERCE

FL

Zip Code 34982

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 JERALD D. HENDERSON

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 PD  
NAME CAWTHORNE, J. DALE  
STREET ADDRESS 4176 B GATOR TRACE VILLAS COURT  
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE PD  
NAME JERALD D. HENDERSON  
STREET ADDRESS 5009 BUCHANAN DR  
CITY-ST-ZIP FORT PIERCE, FL 34982 ☒ Change ☐ Addition

TITLE VPD  
NAME HENDERSON, JERALD D  
STREET ADDRESS 5009 BUCHANAN DR  
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE VPD  
NAME J. DALE CAWTHORNE  
STREET ADDRESS 4176 B GATOR TRACE VILLAS COURT  
CITY-ST-ZIP FORT PIERCE, FL 34982 ☒ Change ☐ Addition

TITLE TD  
NAME LOWRY, ALFRED J  
STREET ADDRESS 6516 ZAPOTE CT  
CITY-ST-ZIP FORT PIERCE FL 34951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BENEDICT, THERESA H  
STREET ADDRESS 7005 SALERNO RD  
CITY-ST-ZIP FT PIERCE FL 34951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ADAMS, JAMES G  
STREET ADDRESS 2217 SE LIETHBOW ST  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME CAWTHORNE, PATRICIA M  
STREET ADDRESS 4176 B GATOR TRACE VILLAS COURT  
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)