

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90499 017 ****61.25

DOCUMENT # 725621

1. Entity Name

TREASURE COAST BOATING SAFETY ASSOCIATION, INC.



Principal Place of Business

**1400 SEAWAY DR
FORT PIERCE FL 34949**

Mailing Address

**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

**HENDERSON, JERALD D
5009 BUCHANAN DR
FORT PIERCE FL 34982**

Name

DIANE KLEVERS

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

2200 EDWARDS RD.

City

FT. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diane Klevers
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

1/14/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME DIANE KLEVERS
STREET ADDRESS 2200 EDWARDS RD
CITY-ST-ZIP FT. PIERCE FL 34982 ☒ Change ☐ Addition

TITLE VPD
NAME CAWTHORNE, J DALE
STREET ADDRESS 4176 B GATOR TRACE VILLAS CT
CITY-ST-ZIP FORT PIERCE FL 34982 ☒ Delete

TITLE VPD
NAME CARLTON KINTNER
STREET ADDRESS 156 W. CARIBBEAN ST.
CITY-ST-ZIP FT. ST. LUCIE FL 34952 ☒ 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 ROBERT MERCER
STREET ADDRESS 611 S.W. BARBUDA BAY
CITY-ST-ZIP FT. ST. LUCIE, FL. 34986 ☒ 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 JAMES G. ADAMS
STREET ADDRESS 2217 S.E. LEIGHGOW ST
CITY-ST-ZIP FT. ST. LUCIE FL. 34952 ☒ 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 SD
NAME DOROTHY ADAMS
STREET ADDRESS 2217 S.E. LEIGHGOW ST.
CITY-ST-ZIP FT. ST. LUCIE FL. 34952 ☒ 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:

Diane Klevers
REQUIRED

President

1/14/03

772-464-6819

CR2E037 (10/02)