

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N00000000055

1. Entity Name

TREASURE COAST CHAPTER OF NIGP, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90103 024 \*\*\*\*71.00

Principal Place of Business	Mailing Address
121 S.W. PORT ST. LUCIE BLVD., BLDG A PORT ST. LUCIE FL 34984-5099	121 S.W. PORT ST. LUCIE BLVD. BLDG A PORT ST. LUCIE FL 34984-5099

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHANABERGER, CHERYL A 121 S.W. PORT ST. LUCIE BLVD., BLDG A PORT ST. LUCIE FL 34984-5099	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 X Cheryl Shanabarger DATE 4/14/00  
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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D President Cheryl Shanabarger 121 SW Port St. Lucie Blvd. Bldg. "A" Port St. Lucie FL 34984			
D VICE PRESIDENT Willa G. DUSTON 8389 SW Axtell Ave. Port St Lucie FL 34953	<input type="checkbox"/> Delete		
D SECRETARY ARTHUR A. DeROSTAINING 2300 VIRGINIA AVE., Rm # 228 FT. PIERCE, FL. 34957-5652	<input type="checkbox"/> Delete		
D Treasurer Stu Beebe 9901 So. Ocean Dr. #1143 Jensen Beach, FL 34957	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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: Arthur A. DeRostaining DATE 4/14/00 564-462-1799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)