

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90129 032 \*\*\*\*61.25

**DOCUMENT # N00000007796**

1. Entity Name

**INTERNATIONAL COUNCIL OF THE TREASURE COAST, INC**

Principal Place of Business

Mailing Address

258 SW BRIDGEPORT DR  
 PORT ST LUCIE FL 34953

P O BOX 7876  
 PORT ST LUCIE FL 34985

**974876**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1095927**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GIBBINS, EUGENE R~~  
~~258 SW BRIDGEPORT DR~~  
~~PORT ST LUCIE FL 34953~~

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 VPD  
 STREET ADDRESS LOWE, ROBERT  
 CITY-ST-ZIP 4949 N A1A, SUITE 131  
 FORT PIERCE FL 34949

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

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS JONES, VINCENZA Z  
 CITY-ST-ZIP GOOD REALTY, INC-1231 SE PORT ST  
 PORT ST LUCIE FL 34952

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

TITLE ☒ Delete  
 NAME TD  
 STREET ADDRESS ANSARA, RONALD  
 CITY-ST-ZIP FLEETWOOD REALTY-2731 SE MORNINGSIDE BLVD  
 PORT ST LUCIE FL 34952

TITLE ☐ Change ☒ Addition  
 NAME TD  
 STREET ADDRESS JAMES P. HEDGE  
 CITY-ST-ZIP 8216 KIAWAH TRAIL  
 PORT ST. LUCIE, FL. 34986

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS BEYER, JOAN H  
 CITY-ST-ZIP C-21 DUNCAN & ASSOC-7410 S US HWY 1, S-100  
 PORT ST LUCIE FL 34952

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

8-14-02

772-486-2723

CR2E037 (4/02)