

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

0016835

DOCUMENT # N00000007796

1. Entity Name

INTERNATIONAL COUNCIL OF THE TREASURE COAST, INC



07-31-2003 90074 027 ****70.00

Principal Place of Business

**258 SW BRIDGEPORT DR
PORT ST LUCIE FL 34953**

Mailing Address

**P O BOX 7876
PORT ST LUCIE FL 34985**

2. Principal Place of Business

3. Mailing Address

258 SW Bridgeport Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port St. Lucie, FL

City & State

City & State

Zip

Country

Zip

Country

34953

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1095927**

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

**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

Dr. Eugene R Gibbins

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
After September 10, 2003, min will be \$236.25**

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	LOWE, ROBERT	
STREET ADDRESS	4949 N A1A, SUITE 131	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, VINCENZA Z	
STREET ADDRESS	GOOD REALTY, INC-1231 SE PORT ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEYER, JOAN H	
STREET ADDRESS	C-21 DUNCAN & ASSOC-7410 S US HWY 1, S-100	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEDGE, JAMES P	
STREET ADDRESS	3216 KIAWAH TRACE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Eugene R. Gibbins	
STREET ADDRESS	258 SW Bridgeport Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Coulson	
STREET ADDRESS	1935 32nd AV VERO BEACH, FL	
CITY-ST-ZIP	32960	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wally Swords	
STREET ADDRESS	FIRST AMERICAN TITLE INS	
CITY-ST-ZIP	201 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Warner	
STREET ADDRESS	ERA INDIAN RIVER RHTY	
CITY-ST-ZIP	4982 S 25th ST Fort Pierce FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dr. Eugene R Gibbins

7-22-03 772-336-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

Block #11

Attachment #

Untitled

President:

DR. Eugene R Gibbons
258 SW Bridgeport Dr.
Port St Lucie, Fl. 34953

Vice President:

Bonnie Coulson
1935 32nd Ave
Vero Beach, Fl. 32960

Secretary:

Wally Swords
First American Title Ins.
201 SW Port St Lucie Blvd.
Port St Lucie, Fl. 34984

Treasurer:

Tom Warner
ERA Indian River Realty
4982 S 25th St.
Fort Pierce, Fl. 34981

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