

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10902

1. Entity Name

THE TREASURE COAST SHELL CLUB, INC.



Principal Place of Business

CORNELL AVENUE & MARTIN DOWNS BLVD.
PO BOX 279
PALM CITY FL 34990
US

Mailing Address

P.O. BOX 279
PO BOX 279
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GIESER, NORENE
9870 S.E. LITTLE CLUB WAY N.
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name ROGERS, DAVID

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

495 PELICAN SHOAL PLACE

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 David L. Rogers DAVID L. ROGERS, TREASURER 4-13-01
Signature, typed or printed name of registered agent, etc. 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CADDIGAN, CRAIG	
STREET ADDRESS	2282 SW NIGHTINGALE TERR	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, DAVID	
STREET ADDRESS	495 PELICAN SHOAL PLACE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEYNES, MARGE	
STREET ADDRESS	304 PHILADELPHIA DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIESER, NORENE	
STREET ADDRESS	9870 S.E. LITTLE CLUB WAY N	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD BINGHAM	
STREET ADDRESS	1600 NE DIXIE HIGHWAY NO.15-103	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GITTES	
STREET ADDRESS	P.O. BOX 3058	
CITY-ST-ZIP	STUART, FL 34995	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH WISCHMANN	
STREET ADDRESS	5000 SE FEDERAL HIGHWAY~LOT 194	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID ROGERS	
STREET ADDRESS	495 PELICAN SHOAL PLACE	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
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: David L. Rogers DAVID L. ROGERS 4-13-01 561-466-8715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-25-2001 90094 013 ****61.25

7529



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (10/00)