

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90043 029 ****61.25

DOCUMENT # N94000000176

1. Entity Name

**MARITIME AND YACHTING MUSEUM OF THE TREASURE COA
ST, INC.**

Principal Place of Business

Mailing Address

3006 NW FEDERAL
JENSEN BEACH FL 34957
US

PO BOX 1448
STUART FL 34995
US

3250 S.W. Kanner Hwy.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Stuart

Suite, Apt. #, etc.

City & State
Florida

City & State

Zip
34994

Country
USA

Zip

Country

4. FEI Number
59-3220394

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

GEAR, JOHN
2974 SE FARLEY RD.
PORT ST. LUCIE FL 34952

Name
Thomas Rickenback
Street Address (P.O. Box Number is Not Acceptable)
3754 S.E. Fairway East
Stuart
City
FL Zip Code
34997

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 Thomas Rickenback

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 10, 2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
RICKENBACK, THOMAS
3754 SE FAIRWAY EAST
STUART FL 34997 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HENRY, THOMAS
8243 CINNAMON COURT
PORT SAINT LUCIE FL 34952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
HUDDLESTON, STANLEY
334 CARDINAL WAY
STUART FL 34996 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GUY, TED
PO BOX 3386
STUART FL 34995 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BENNETT, WALTER
10680 S OCEAN DRIVE #601
JENSEN BEACH FL 34957 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

Thomas Rickenback

2/10/02

772 287-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)