

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90584 048 \*\*\*\*61.25

**DOCUMENT # N99000001691**

1. Entity Name

**TREASURE COAST MERCHANT MARINES CHAPTER, INC.**

Principal Place of Business

**889 S.W. WENTWORTH STREET  
 SEBASTIAN FL 32958**

Mailing Address

**989 S.W. WENTWORTH STREET  
 SEBASTIAN FL 32958**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**MATTHEWS, GALE H  
 889 S.W. WENTWORTH STREET  
 SEBASTIAN FL 32958**

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

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**

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 **P**  
 STREET ADDRESS **VERCRUYSE, GEORGE**  
 CITY-ST-ZIP **78 SAN LUIS OBISPO  
 FORT PIERCE FL 34951**

TITLE ☐ Change ☒ Addition  
 NAME **SHERIDAN, GEORGE**  
 STREET ADDRESS **3100 NORTH AIA-APT PHC-1**  
 CITY-ST-ZIP **NORTH HUTCHINSON ISLAND  
 FT. PIERCE, FL. 34949**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **O'ROURKE, ROBERT**  
 CITY-ST-ZIP **1973 SW MOCKINGBIRD LANE  
 PALM CITY FL 34990**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TURNER, BRINTON**  
 CITY-ST-ZIP **8100 SE PRUITT RD G-102  
 PORT SAINT LUCIE FL 34952**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **MATTHEWS, GALE**  
 CITY-ST-ZIP **889 SW WENTWORTH ST  
 SEBASTIAN FL 32958**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BRADY, JOHN F**  
 CITY-ST-ZIP **329 NE CULLMAN CT  
 PORT SAINT LUCIE FL 34983**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STILLE, GINGER**  
 CITY-ST-ZIP **92-92 DUNCAN ST  
 HOBE SOUND FL 33455**

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:

*Gale H. Matthews Treas.* 2-12-01 561-589-7625  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)