

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0087744

**DOCUMENT # N00000006208**

1. Entity Name

**TREASURE COAST COORDINATION COALITION, INC.**

03-14-2002 90059 038 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

**9350 S. US #1  
 PORT ST. LUCIE FL 34952**

**9350 S. US #1  
 PORT ST. LUCIE FL 34952**

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

**65-1050571**

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

**GRIGGS, NAN R  
 9350 S. US #1  
 PORT ST. LUCIE FL 34952**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

*2/19/02*

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BIRD, DANIEL F</b>	
STREET ADDRESS	<b>1701 GULFSTREAM AVENUE 717</b>	
CITY-ST-ZIP	<b>HUTCHINSON ISLAND FL 34949</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUTCHESON, SUZANNE</b>	
STREET ADDRESS	<b>3748 SW SUNSET TRACE CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRIGGS, NAN R</b>	
STREET ADDRESS	<b>1419 DYER POINT ROAD</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMPSON, GWENDA L</b>	
STREET ADDRESS	<b>1574 HARBOUR ISLES CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAZZOUCOLO, BETH</b>	
STREET ADDRESS	<b>324 MILLARD STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOWSE, TRACY</b>	
STREET ADDRESS	<b>1215 BELL AVENUE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34982</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Basile, Kathryn</b>	
STREET ADDRESS	<b>1203 Driftwood Lane, Ft. Pierce, FL</b>	
CITY-ST-ZIP	<b>34982</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Whittles, Elizabeth</b>	
STREET ADDRESS	<b>3774 SW Sunset Trace Circle</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DiToro, Dori</b>	
STREET ADDRESS	<b>1758 SW Crane Creek Circle</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Belowch, Caren</b>	
STREET ADDRESS	<b>2129 NE Rustic Way</b>	
CITY-ST-ZIP	<b>Jensen Beach, FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Adams, Cris</b>	
STREET ADDRESS	<b>420 SE Naranja Avenue</b>	
CITY-ST-ZIP	<b>Port St. Lucie, FL 34983</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bird, Daniel</b>	
STREET ADDRESS	<b>1701 Gulfstream Avenue #717</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34949</b>	

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:

*Kathryn Basile* President

2/19/02

772.462.2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Document # N0000006208  
747513

TREASURE COAST COORDINATION COALITION, INC  
#N00000006208

OFFICERS AND DIRECTORS (in addition to 6 listed on report)  
FOR THE  
2002 UNIFORM BUSINESS REPORT

TITLE D  
NAME SEAN BOYLE  
STREET ADDRESS 2597 PERUGIA STREET  
CITY ST ZIP PORT ST. LUCIE, FL 34952

TITLE D  
NAME NANCY ARCHER  
STREET ADDRESS 801 S. OCEAN DRIVE, #606  
CITY ST ZIP FORT PIERCE, FL 34949

TITLE D  
NAME DONNA HARRIS  
STREET ADDRESS 5707 MYRTLE DRIVE  
CITY ST ZIP FORT PIERCE, FL 34982

TITLE D  
NAME BETH MAZZOUCCOLO  
STREET ADDRESS 324 SW MILLARD DR  
CITY ST ZIP PORT ST. LUCIE, FL 34953

TITLE D  
NAME JUDY MATTERA  
STREET ADDRESS 1238 SE FLORESTA DR  
CITY ST ZIP PORT ST. LUCIE, FL 34983

TITLE D  
NAME GWENDA THOMPSON  
STREET ADDRESS 1574 SW HARBOR ISLES CIRCLE  
CITY ST ZIP PORT ST. LUCIE, FL 34986

TITLE D  
NAME BARBARA TIMMERMAN  
STREET ADDRESS 873 SW HAMBERLAND AVENUE  
CITY ST ZIP PORT ST. LUCIE, FL 34953

TITLE D  
NAME VACANT  
STREET ADDRESS  
CITY ST ZIP