

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000471

1. Entity Name

TREASURE COAST FORUM, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90060 036 ****61.25

Principal Place of Business

Mailing Address

PO BOX 142
STUART FL 34995

PO BOX 142
STUART FL 34995-0142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0831837

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARRELL, GAYLE
1885 S.W. EAGLE POINT
STUART FL 34994

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRELL, GAYLE	
STREET ADDRESS	1885 SW EAGLE POINT	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIMPE, ED	
STREET ADDRESS	6483 SW LOCKERBY PL	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWAN, JEAN	
STREET ADDRESS	1030 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHICKY, JON	
STREET ADDRESS	5 KNOWLES ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGENIO, ARTHUR	
STREET ADDRESS	9227 SE MAST TERRACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LADD, PAUL	
STREET ADDRESS	1490 NE DIXIE HWY	
CITY-ST-ZIP	JENSEN BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN ROWAN

3-16-00 561-223-0244

Date

Daytime Phone #

CF2E037 (9/99)