

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90500 034 ****61.25

DOCUMENT # N98000000471

1. Entity Name

TREASURE COAST FORUM, INC.

Principal Place of Business

PO BOX 142
 STUART FL 34995

Mailing Address

PO BOX 142
 STUART FL 34995

2. Principal Place of Business

Suite 111 S. Federal Hwy
 Suite 338

City Stuart, Florida
 Zip 34994 Martin

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0831837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

S Sally E. Rhodes

14 E. High Point Rd., Stuart, FL. 34996

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

Sally E. Rhodes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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	HARRELL, GAYLE	
STREET ADDRESS	1885 SW EAGLE POINT	
CITY-ST-ZIP	STUART FL	
TITLE	PRESIDENT	<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 checked="" 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	Treasurer & Executive Director	<input checked="" type="checkbox"/>
NAME	Rhodes, Sally E.	
STREET ADDRESS	14 E. High Point Rd., Stuart, FL. 34996	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/>
NAME	Steele, Darren	
STREET ADDRESS	1900 S. Kanner Hwy. #2-102, Stuart, FL. 34994	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Stack, James	
STREET ADDRESS	337 NE Tiare Cir., Jensen Beach, FL. 34957	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Moreno, Christine	
STREET ADDRESS	3211 SW Alexander Ct., Palm City, FL. 35990	
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:

Sally E. Rhodes **SALLY E. RHODES, 561-2891095**

CR2E037 (10/00)