

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000471**

1. Entity Name

TREASURE COAST FORUM, INC.

Principal Place of Business

**111 S FEDERAL HWY
SUITE 338
STUART FL 34994**

Mailing Address

**PO BOX 142
STUART FL 34995**

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

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

**RHODES, SALLY E
14 E HIGH POINT RD
STUART FL 34996**

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 \$61.259. 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
**TED
RHODES, SALLY E
14 E HIGH POINT RD
STUART FL 34996** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GRIMPE, ED
6483 SW LOCKERBY PL
HOBE SOUND FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROWAN, JEAN
1030 BUTTWOOD CIRCLE
STUART FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHICKY, JON
5 KNOWLES ROAD
STUART FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARGENIO, ARTHUR
9227 SE MAST TERRACE
HOBE SOUND FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STACK, JAMES
337 NE TIARE CIR
JENSEN BEACH FL 34957** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
Mr. Darren Steele
3802 S.E. Jefferson St.,
Stuart, FL. 34997** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE-PRESIDENT
Mr. Mike Dadko
615 NW Orleander
Stuart, FL. 34995** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Mr. John Maiucci
55 Osceola St.
Stuart, FL. 34994** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Mr. John Maiucci
55 Osceola St.
Stuart, FL. 34994** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Mr. John Maiucci
55 Osceola St.
Stuart, FL. 34994** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Mr. John Maiucci
55 Osceola St.
Stuart, FL. 34994** ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90139 006 ****61.25

80014145

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)