

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90076 049 \*\*\*\*61.25

**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

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name **Mike Dadko**  
Street Address (P.O. Box Number is Not Acceptable) **5571 S.W. Landing Creek Dr.**  
City **Palm City** FL **34990**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>TED</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RHODES, SALLY E</b>        |  |
| STREET ADDRESS | <b>14 E HIGH POINT RD</b>     |  |
| CITY-ST-ZIP    | <b>STUART FL 34996</b>        |  |
| TITLE          | <b>PRES</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>STEELE, DARREN MR</b>      |  |
| STREET ADDRESS | <b>3802 SE JEFFERSON ST</b>   |  |
| CITY-ST-ZIP    | <b>STUART FL 34997</b>        |  |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>ROWAN, JEAN</b>            |  |
| STREET ADDRESS | <b>1030 BUTTONWOOD CIRCLE</b> |  |
| CITY-ST-ZIP    | <b>STUART FL</b>              |  |
| TITLE          | <b>VP</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>DADKO, MIKE MR</b>         |  |
| STREET ADDRESS | <b>615 NW ORLEAMDER</b>       |  |
| CITY-ST-ZIP    | <b>STUART FL 34995</b>        |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>JOHN, MAIUCCI</b>          |  |
| STREET ADDRESS | <b>55 OSCEOLA ST</b>          |  |
| CITY-ST-ZIP    | <b>STUART FL 34994</b>        |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>STACK, JAMES</b>           |  |
| STREET ADDRESS | <b>337 NE TIARE CIR</b>       |  |
| CITY-ST-ZIP    | <b>JENSEN BEACH FL 34957</b>  |  |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>Legard, Ann</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>1084 NW 13th St.</b>         |  |
| STREET ADDRESS | <b>Stuart, FL 34994</b>         |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | <b>VP</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>DADKO, MIKE</b>              |  |
| STREET ADDRESS | <b>5571 SW Landing Creek Dr</b> |  |
| CITY-ST-ZIP    | <b>Palm City, FL 34990</b>      |  |
| 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: **Michael D. Dadko** Treasurer 2/27/03

772-692-2239

CR2E037 (10/02)