

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G65886**

1. Entity Name
REPUBLIC SECURITY FINANCIAL CORPORATION

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

02-21-2000 90035 035 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
450 S. AUSTRALIAN AVE. P.O. BOX 4298
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33402-4298
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number **59-2335075** 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
FLETCHER, JOHN S
5300 S.E. FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-9339

7. Name and Address of New Registered Agent
-Name- **Alissa E. Ballot**
Street Address (P.O. Box Number is Not Acceptable)
450 S. Australian Avenue
City **West Palm Beach** FL Zip Code **33401**

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 *Alissa E. Ballot* DATE **1/18/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

ii. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, H. GEARL	NAME	Gore, H. Gearl
STREET ADDRESS	810 SATURN ST., STE. 28	STREET ADDRESS	810 Saturn St. Ste. 28
ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	Jupiter FL 33477
TITLE	D <input type="checkbox"/> Delete	TITLE	SV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDAHL, LENNART E., JR.	NAME	Alissa E. Ballot
STREET ADDRESS	41 SADDLEBACK RD.	STREET ADDRESS	80 Monterey Pointe Drive
ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPITZNAGEL, W.F.	NAME	Carla H. Pollard
STREET ADDRESS	19500 LOXAHATCHEE RV RD	STREET ADDRESS	1351 Sycamore Terrace
ST-ZIP	JUPITER FL	CITY-ST-ZIP	Boca Raton FL 33418
TITLE	CDP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUPP, RUDY E	NAME	Johnny R. Adcock
STREET ADDRESS	11874 LAKE SHORE DR.	STREET ADDRESS	1116 Flores de Avila
ST-ZIP	NORTH PALM BEACH FL 33408	CITY-ST-ZIP	Tampa FL 33613
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATHKE, RICHARD C.	NAME	Dr. Thomas F. Carney
STREET ADDRESS	364 GOLFVIEW RD #201	STREET ADDRESS	1033 Waterway Lane
ST-ZIP	N. PALM BEACH FL	CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	CDV <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKINS, RICHARD J	NAME	Mary Anna Fowler
STREET ADDRESS	1181 MORSE BOULEVARD	STREET ADDRESS	1845 Royal Palm Way
ST-ZIP	SINGER ISLANDCH FL 33404	CITY-ST-ZIP	Boca Raton FL 33432

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carla H. Pollard* DATE **1/18/00** DAYTIME PHONE # **561 650-2424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)