

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91005 034 \*\*\*\*70.00

**DOCUMENT # N99000004935**

**1. Entity Name**  
**RESOURCE DEPOT, INC.**



**Principal Place of Business**

**INVESTMENT LANE 3560  
SUITE 103  
RIVIERA BEACH FL 33404**

**Mailing Address**

**PO BOX 30295  
PALM BEACH GARDENS FL 33420  
US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

*3560 Investment Lane*

*Suite 103*

*Riviera Beach, FL*

*33404*

*USA*



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 65-0964759**

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**

~~MOYLE, FLANIGAN, KATZ, KOLINS, ET AL~~  
~~625 N FLAGLER DR~~  
~~9TH FLOOR~~  
~~WEST PALM BEACH FL 33401~~

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. 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          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | BECK, CYNTHIA                     |                                            |
| STREET ADDRESS | 1327 NORTH O ST                   |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33460               |                                            |
| TITLE          | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | CAMPBELL, SHARON                  |                                            |
| STREET ADDRESS | 760 UNIVERSAL BLVD                |                                            |
| CITY-ST-ZIP    | JUNO BEACH FL 33408               |                                            |
| TITLE          | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | BROWN, MICHELLE DENISE            |                                            |
| STREET ADDRESS | 7847 AMBLESIDE WAY                |                                            |
| CITY-ST-ZIP    | LAKE WORTH FL 33467               |                                            |
| TITLE          | DV                                | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, JOHN                    |                                            |
| STREET ADDRESS | 7501 N JOG RD                     |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33412          |                                            |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | MCGEE, MARY                       |                                            |
| STREET ADDRESS | 301 N OLIVE AVE ROOM 1002 10TH FL |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33401          |                                            |
| TITLE          | DP                                | <input type="checkbox"/> Delete            |
| NAME           | BELKAN, JEFF                      |                                            |
| STREET ADDRESS | 1919 N. FLAGLER DRIVE             |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33407          |                                            |

|                |                                 |                                                                              |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE          | D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <del>Don Harmon</del>           |                                                                              |
| STREET ADDRESS | <del>2305 Olive Hwy, SE</del>   |                                                                              |
| CITY-ST-ZIP    | <del>LAKE WORTH, FL 33460</del> |                                                                              |
| 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:** *Karen J. Gandy*

*4/6/03*

*(541) 882-0090*

CR2E037 (10/02)

Attachment#

80073017  
N99000004935

|                    |                                                                  |
|--------------------|------------------------------------------------------------------|
| TITLE              | Director                                                         |
| NAME               | Jeff Balkan                                                      |
| COMPANY            | Children's Services Council                                      |
| JOB TITLE          | Training and Development Manager                                 |
| STREET ADDRESS     | 1919 N. Flagler Drive                                            |
| CITY - STATE - ZIP | West Palm Beach, FL 33407                                        |
| PHONE              | 655-1010 ext. 172                                                |
| CELL PHONE         | 954-205-2993                                                     |
| FAX                | 835-1956                                                         |
| EMAIL              | <a href="mailto:jeffb@cscpbcc.org">jeffb@cscpbcc.org</a>         |
| HOME PHONE         | (561)496-3636                                                    |
| HOME ADDRESS       | 6351 VIA Venetia North<br>Delray Beach, FL 33484                 |
| BIRTHDAY (m/d)     |                                                                  |
| TITLE              | Director                                                         |
| NAME               | Don Horine                                                       |
| COMPANY            | Communities in Schools                                           |
| JOB TITLE          | Resource Coordinator                                             |
| STREET ADDRESS     | 230 S. Dixie Highway, Suite 200                                  |
| CITY - STATE - ZIP | Lake Worth, FL 33460                                             |
| PHONE              | 582-0820                                                         |
| CELL PHONE         | 315-1330                                                         |
| FAX                | 582-7738                                                         |
| EMAIL              | <a href="mailto:Donhorine@hotmail.com">Donhorine@hotmail.com</a> |
| HOME PHONE         | (561)547-1859                                                    |
| HOME ADDRESS       | 124 North "F" Street, Lake worth, FL 33460                       |
| BIRTHDAY (m/d)     | June 27                                                          |
| TITLE              | Director                                                         |
| NAME               | Stewart Auville                                                  |
| COMPANY            | Sunfest of Palm Beach County                                     |
| JOB TITLE          | Event Manager                                                    |
| STREET ADDRESS     | 525 Clematis Street                                              |
| CITY - STATE - ZIP | West Palm Beach, FL 33401                                        |
| PHONE              | 837-8067                                                         |
| CELL PHONE         |                                                                  |
| FAX                | 659-3567                                                         |
| EMAIL              | <a href="mailto:Sauville@sunfest.com">Sauville@sunfest.com</a>   |
| HOME PHONE         |                                                                  |
| HOME ADDRESS       |                                                                  |

Attachment#

80073017  
1/99000004935

|                    |                                                                                |
|--------------------|--------------------------------------------------------------------------------|
| BIRTHDAY (m/d)     |                                                                                |
| TITLE              | Director                                                                       |
| NAME               | Robin Ennis                                                                    |
| COMPANY            | Solid Waste Authority of PBC                                                   |
| JOB TITLE          | Director of Recycling and Customer Info Services                               |
| STREET ADDRESS     | 7501 N. Jog Road                                                               |
| CITY - STATE - ZIP | West Palm Beach, FL 33412                                                      |
| PHONE              | 640-4000 ext. 4301                                                             |
| FAX                | 640-3400                                                                       |
| CELL PHONE         | 389-5462                                                                       |
| EMAIL              | Rennis@swa.org                                                                 |
| HOME PHONE         | (561)463-7336                                                                  |
| HOME ADDRESS       | 918 S.W. Blue Stem Way, Stuart, FL 34997                                       |
| BIRTHDAY (m/d)     | October 23                                                                     |
| TITLE              | Chairman/Director                                                              |
| NAME               | Mary McGee                                                                     |
| COMPANY            | Palm Beach County Board of County Commissioners<br>Economic Development Office |
| JOB TITLE          | Economic Development Coordinator                                               |
| STREET ADDRESS     | 301 N. Olive Ave., Room 1002, 10 <sup>th</sup> Floor                           |
| CITY - STATE - ZIP | West Palm Beach, FL 33401                                                      |
| PHONE              | 355-4148                                                                       |
| CELL PHONE         | 385-2763                                                                       |
| FAX                | 355-6017                                                                       |
| HOME PHONE         | 842-5474                                                                       |
| EMAIL              | Memcgee@co.palm-beach.fl.us                                                    |
| HOME PHONE         |                                                                                |
| HOME ADDRESS       |                                                                                |
| BIRTHDAY (m/d)     |                                                                                |
| TITLE              | Director                                                                       |
| NAME               | Ted Granger                                                                    |
| COMPANY            | Florida Power & Light Company                                                  |
| JOB TITLE          | General Manager                                                                |
| STREET ADDRESS     | 2455 Port West Blvd., Building A, Suite 2820                                   |
| CITY - STATE - ZIP | West Palm Beach, FL 33407                                                      |
| PHONE              | (561)845-3333                                                                  |
| FAX                | (561)                                                                          |
| CELL PHONE         | (561)762-1232                                                                  |
| EMAIL              | Ted_granger@fpl.com                                                            |

Attachment#

800 73617  
N99000004935

|                    |                                                  |
|--------------------|--------------------------------------------------|
| HOME PHONE         | (561)746-9797                                    |
| HOME ADDRESS       | 15431 105 <sup>th</sup> Drive, Jupiter, FL 33478 |
| BIRTHDAY (m/d)     | July 2                                           |
| TITLE              | Director                                         |
| NAME               | Deborah Tatonetti                                |
| COMPANY            | Children's Services Council                      |
| JOB TITLE          | Director of Administrative Services              |
| STREET ADDRESS     | 1919 N. Flagler Drive                            |
| CITY - STATE - ZIP | West Palm Beach, FL 33407                        |
| PHONE              | 655-1010                                         |
| FAX                | 835-1956                                         |
| EMAIL              | deb@cscpbpc.org                                  |
| HOME PHONE         | 737-3110                                         |
| HOME-ADDRESS       | 3110 Pierson Drive<br>Delray Beach, FL 33483     |
| BIRTHDAY (m/d)     | March 17                                         |
| TITLE              | Secretary/Director                               |
| NAME               | Cynthia Beck                                     |
| COMPANY            | Health Care District of Palm Beach County        |
| JOB TITLE          | Behavioral Health Professional                   |
| STREET ADDRESS     | 1057 West 6 <sup>th</sup> Street                 |
| CITY - STATE - ZIP | Riviera Beach, FL 33404                          |
| PHONE              | 881-3754                                         |
| FAX                | 840-3215                                         |
| EMAIL              | Cbeckhcdpbc.org                                  |
| PAGER              | 456-1730                                         |
| HOME PHONE         | 547-4384                                         |
| HOME ADDRESS       | 1327 North O Street<br>Lake Worth, FL 33460      |
| BIRTHDAY (m/d)     | September 10                                     |

|                    |                           |
|--------------------|---------------------------|
| TITLE              | Vice Chairman/Director    |
| NAME               | John Williams             |
| COMPANY            | Solid Waste Authority     |
| JOB TITLE          | Risk Manager              |
| STREET ADDRESS     | 7501 N. Jog Rd.           |
| CITY - STATE - ZIP | West Palm Beach, FL 33412 |

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|                |                                               |
|----------------|-----------------------------------------------|
| PHONE          | 640-4000 ext. 4406                            |
| FAX            | 640-3400                                      |
| CELL PHONE     | 358-3041                                      |
| EMAIL          | jwilliams@swa.org                             |
| PAGER          | 456-3946                                      |
| HOME PHONE     | (561)336-0760                                 |
| HOME ADDRESS   | 132 S.W. Covington Road, Port St. Lucie 34953 |
| BIRTHDAY (m/d) | March 27                                      |
|                |                                               |
|                |                                               |
|                |                                               |
|                |                                               |
|                |                                               |

|                    |                                    |
|--------------------|------------------------------------|
| TITLE              | Director                           |
| NAME               | Shela Khanal                       |
| COMPANY            | Palm Beach County School District  |
| JOB TITLE          | Literacy Specialist/Title VI       |
| WORK ADDRESS       | 3326 Forest Hill Blvd. Suite C-216 |
| CITY - STATE - ZIP | West Palm Beach, FL 33406          |
| HOME ADDRESS       |                                    |
| PHONE              | 561-434-7412                       |
| CELL PHONE         | None                               |
| FAX                | 561-434-8091                       |
| EMAIL              | Khanal_s@fsm.edu                   |
| Birthday           |                                    |