

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 162030

1. Entity Name

RINKER MATERIALS CORPORATION

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90015 022 \*\*\*150.00

Principal Place of Business Mailing Address  
1501 BELVEDERE RD ATTN: M HOFFMAN  
P.O. BOX 24635 (33416)  
WEST PALM BEACH FL 33406  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

**CSR**  
**1-20-00**

4. FEI Number **59-0615531**

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

LINLEY, GEORGE W.  
1501 BELVEDERE RD  
WEST PALM BEACH FL 33406

Vendor **702254**  
Acct **227000** **X1**  
Center **700899** **150.00**  
Approve **MAH**

**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

PO #

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPC	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, W.L.	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WATSON, K.H.	
STREET ADDRESS	1501 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KINGSTON, JOHN	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CAPASSO, ROBERT J	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID V. CLARKE	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	ADD SR. TO NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	= K.H. WATSON SR.	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON DE HAYES	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	S+T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN J. FOWLER	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN FOWLER

1/26/00

561 820 8466

Date

Daytime Phone #

CR2E034 (9/99)