

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004935

1. Entity Name

RESOURCE DEPOT, INC.

Principal Place of Business

712 U.S. HIGHWAY 1, SUITE 400  
NORTH PALM BEACH FL 33408

Mailing Address

PO BOX 30295  
PALM BEACH GARDENS FL 33420  
US

2. Principal Place of Business

1306 Allendale Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33405

Country

U.S.A.

Zip

Country

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

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

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE: TD  
NAME: CARLIN, JANICE  
STREET ADDRESS: 102 B HARVEST MOON CT  
CITY-ST-ZIP: JUPITER FL 33458 ☒ Delete

TITLE: D  
NAME: RAY, KIMBERLY  
STREET ADDRESS: 114 N 'J' STREET  
CITY-ST-ZIP: LAKE WORTH FL 33460 ☒ Delete

TITLE: D  
NAME: HURBS, KEITH  
STREET ADDRESS: 116 MALAGA ST  
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE: D  
NAME: WILLIAMS, JOHN  
STREET ADDRESS: 7501 N JOG RD  
CITY-ST-ZIP: WEST PALM BEACH FL 33412 ☐ Delete

TITLE: D  
NAME: MCGEE, MARY  
STREET ADDRESS: 301 N OLIVE AVE ROOM 1002 10TH FL  
CITY-ST-ZIP: WEST PALM BEACH FL 33401 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  
NAME: Cynthia Beck  
STREET ADDRESS: 114 N. J St.  
CITY-ST-ZIP: Lake Worth, FL 33460 ☐ Change ☒ Addition

TITLE: D  
NAME: Sharon Campbell  
STREET ADDRESS: 700 Universe Blvd.  
CITY-ST-ZIP: Juno Beach, FL 33408 ☐ Change ☒ Addition

TITLE: T/D  
NAME: Layonel Lopez  
STREET ADDRESS: 399 Forest Hill Blvd.  
CITY-ST-ZIP: West Palm Beach, FL 33405 ☐ Change ☒ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP: ☐ 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:

HECTER BALKAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (561) 655-1010

Date Daytime Phone # X172

CR2E037 (10/00)

0051206

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90053 007 \*\*\*\*\*70.00

535745



DO NOT WRITE IN THIS SPACE

Attachment

Doc. #1  
N99000004935

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|                    |                                                  |
|--------------------|--------------------------------------------------|
| TITLE              | Chair/Director                                   |
| NAME               | Jeff Balkan                                      |
| COMPANY            | Children's Services Council                      |
| JOB TITLE          | Training and Development Associate               |
| 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              | jeffb@cscpb.org                                  |
| PAGER              |                                                  |
| HOME PHONE         |                                                  |
| HOME ADDRESS       | 6351 VIA Venetia North<br>Delray Beach, FL 33484 |
| BIRTHDAY (m/d)     |                                                  |

  

|                    |                          |
|--------------------|--------------------------|
| TITLE              | Director                 |
| NAME               | Cynthia Beck             |
| COMPANY            | Communities in Schools   |
| JOB TITLE          | Resource Coordinator     |
| STREET ADDRESS     | 114 North J. Street      |
| CITY - STATE - ZIP | Lake Worth, FL 33460     |
| PHONE              | 582-0820                 |
| CELL PHONE         | 313-8616                 |
| FAX                | 582-7738                 |
| EMAIL              | cynthia.beck@hotmail.com |
| PAGER              |                          |
| HOME PHONE         | 547-4384                 |
| HOME ADDRESS       |                          |
| BIRTHDAY (m/d)     |                          |

  

|                    |                                 |
|--------------------|---------------------------------|
| TITLE              | Director                        |
| NAME               | Sharon Campbell                 |
| COMPANY            | Florida Power and Light Company |
| JOB TITLE          | Purchasing Agent                |
| STREET ADDRESS     | PO Box 14000                    |
| CITY - STATE - ZIP | Juno Beach, FL 33408            |
| PHONE              | 691-2845                        |
| CELL               | 309-4617                        |
| FAX                | 694-4072                        |
| EMAIL              | Sharon_Campbell@fpl.com         |

see Form

Attachment Doc. # N990000049 3d-

535745

|                    |                                                                                                                    |
|--------------------|--------------------------------------------------------------------------------------------------------------------|
| PAGER              | 1-305-719-0722                                                                                                     |
| HOME PHONE         | 712-4884                                                                                                           |
| HOME ADDRESS       | 2745 Kittbuck Way<br>West Palm Beach, FL 33411                                                                     |
| BIRTHDAY (m/d)     |                                                                                                                    |
| TITLE              | Director                                                                                                           |
| NAME               | Dianna Craven                                                                                                      |
| COMPANY            | Sunfest of Palm Beach County                                                                                       |
| JOB TITLE          | Sponsorship Director                                                                                               |
| STREET ADDRESS     | 525 Clematis Street                                                                                                |
| CITY - STATE - ZIP | West Palm Beach, FL 33401                                                                                          |
| PHONE              | 837-8063                                                                                                           |
| CELL PHONE         | 315-6698                                                                                                           |
| FAX                | 659-3567                                                                                                           |
| EMAIL              | dcraven@sunfest.org rcraven@answerthink.com<br>r3craven@yahoo.com                                                  |
| PAGER              |                                                                                                                    |
| HOME PHONE         |                                                                                                                    |
| HOME ADDRESS       |                                                                                                                    |
|                    | Lake Catherine, 1 <sup>st</sup> left Sun Terrace Ct. All the way to end just before cul-de-sac. On left - unit 501 |
| BIRTHDAY (m/d)     |                                                                                                                    |
| TITLE              | Director                                                                                                           |
| NAME               | Keith Hurbs                                                                                                        |
| COMPANY            | Hurbs & Associates, Inc.                                                                                           |
| JOB TITLE          | President                                                                                                          |
| STREET ADDRESS     | 116 Malaga St.                                                                                                     |
| CITY - STATE - ZIP | Royal Palm Beach, FL 33411                                                                                         |
| PHONE              | 792-3088                                                                                                           |
| CELL PHONE         | 329-2145                                                                                                           |
| FAX                | 792-7907                                                                                                           |
| EMAIL              | khurbs@bellsouth.net                                                                                               |
| PAGER              |                                                                                                                    |
| HOME PHONE         |                                                                                                                    |
| HOME ADDRESS       |                                                                                                                    |
| BIRTHDAY (m/d)     |                                                                                                                    |
| TITLE              | Vice Chair/Director                                                                                                |
| NAME               | Lynda Johnston                                                                                                     |
| STREET ADDRESS     | 836 Blueberry Drive                                                                                                |
| CITY - STATE - ZIP | Wellington, FL 33414                                                                                               |
| PHONE              | 791-2267                                                                                                           |
| CELL PHONE         |                                                                                                                    |

see Form

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|                    |                                                                                                                                     |        |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------|
| FAX                | 791-4801 home 964-9401 husband                                                                                                      | 535715 |
| EMAIL              | lmjmia@aol.com                                                                                                                      |        |
| PAGER              |                                                                                                                                     |        |
| HOME PHONE         |                                                                                                                                     |        |
| HOME ADDRESS       |                                                                                                                                     |        |
|                    | Lake Worth Rd west to S. Shore. Turn right. Turn left on Greenview then right on Paddock then right on Sage then left on Blueberry. |        |
| BIRTHDAY (m/d)     |                                                                                                                                     |        |
| TITLE              | Director                                                                                                                            |        |
| NAME               | Lise Landry                                                                                                                         |        |
| COMPANY            | United Way of Palm Beach County                                                                                                     |        |
| JOB TITLE          | Director of Volunteer Services                                                                                                      |        |
| STREET ADDRESS     | 2600 Quantum Blvd.                                                                                                                  |        |
| CITY - STATE - ZIP | Boynton Beach, FL 33426                                                                                                             |        |
| PHONE              | 375-6685                                                                                                                            |        |
| FAX                | 375-6628                                                                                                                            |        |
| EMAIL              | Liselandry@unitedwaypbc.org                                                                                                         |        |
| PAGER              |                                                                                                                                     |        |
| HOME PHONE         | 586-7178                                                                                                                            |        |
| HOME ADDRESS       | 1008 W. Drew St<br>Lantana, FL 33462                                                                                                |        |
| BIRTHDAY (m/d)     | 8/31                                                                                                                                |        |
| TITLE              | Director                                                                                                                            |        |
| NAME               | Layonel Lopez                                                                                                                       |        |
| COMPANY            | Fidelity Federal                                                                                                                    |        |
| JOB TITLE          | Commercial Loan Officer                                                                                                             |        |
| STREET ADDRESS     | 399 Forest Hill Blvd.                                                                                                               |        |
| CITY - STATE - ZIP | West Palm Beach, FL 33405                                                                                                           |        |
| PHONE              | 533-1447                                                                                                                            |        |
| CELL PHONE         | 379-2481                                                                                                                            |        |
| FAX                | 586-4905                                                                                                                            |        |
| EMAIL              | Lopez@fidfed.com                                                                                                                    |        |
| PAGER              |                                                                                                                                     |        |
| HOME PHONE         |                                                                                                                                     |        |
| HOME ADDRESS       |                                                                                                                                     |        |
| BIRTHDAY (m/d)     |                                                                                                                                     |        |
| TITLE              | Director                                                                                                                            |        |
| NAME               | Mary McGee                                                                                                                          |        |
| COMPANY            | Palm Beach County Board of County Commissioners<br>Economic Development Office                                                      |        |
| JOB TITLE          | Economic Development Coordinator                                                                                                    |        |

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|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 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              | <a href="mailto:memcgee@co.palm-beach.fl.us">memcgee@co.palm-beach.fl.us</a> |
| PAGER              |                                                                              |
| HOME PHONE         |                                                                              |
| HOME ADDRESS       |                                                                              |
| BIRTHDAY (m/d)     |                                                                              |
| TITLE              | Secretary/Director                                                           |
| NAME               | Dianne Reale                                                                 |
| COMPANY            | Florida Power & Light Company                                                |
| JOB TITLE          | Corporate Recycling Coordinator                                              |
| STREET ADDRESS     | 2455 Port West Blvd., Bldg. A                                                |
| CITY - STATE - ZIP | West Palm Beach, FL 33407                                                    |
| PHONE              | 845-4840                                                                     |
| FAX                | 845-4889                                                                     |
| EMAIL              | <a href="mailto:dianne_reale@fpl.com">dianne_reale@fpl.com</a>               |
| PAGER              |                                                                              |
| HOME PHONE         | 966-9692                                                                     |
| HOME ADDRESS       | 7919 Blairwood Circle Lake Worth, FL 33467                                   |
| BIRTHDAY (m/d)     | February 19                                                                  |
| TITLE              | Director                                                                     |
| NAME               | Deborah Tatonetti                                                            |
| COMPANY            | Children's Services Council                                                  |
| JOB TITLE          | Administrative Services Associate                                            |
| STREET ADDRESS     | 1919 N. Flagler Drive                                                        |
| CITY - STATE - ZIP | West Palm Beach, FL 33407                                                    |
| PHONE              | 655-1010                                                                     |
| FAX                | 835-1956                                                                     |
| EMAIL              | <a href="mailto:deb@cscpb.org">deb@cscpb.org</a>                             |
| PAGER              |                                                                              |
| HOME PHONE         | 737-3110                                                                     |
| HOME ADDRESS       | 3110 Pierson Drive<br>Delray Beach, FL 33403                                 |
| BIRTHDAY (m/d)     | 3/17                                                                         |

see form

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|                    |                                      |
|--------------------|--------------------------------------|
| TITLE              | Director                             |
| NAME               | Bruce Thomson                        |
| COMPANY            | School District of Palm Beach County |
| JOB TITLE          | District Partnerships Coordinator    |
| STREET ADDRESS     | 3306 Forest Hill Blvd., C110         |
| CITY - STATE - ZIP | West Palm Beach, FL 33406-5813       |
| PHONE              | 434-8407                             |
| CELL PHONE         | 301-9956 (Shelly Parpard 434-8729)   |
| FAX                | 434-8651                             |
| EMAIL              | <u>thomson_b@popmail.firn.edu</u>    |
| PAGER              |                                      |
| HOME PHONE         |                                      |
| HOME ADDRESS       |                                      |
| BIRTHDAY (m/d)     |                                      |
| TITLE              | 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            |
| PHONE              | 640-4000 ext. 4406                   |
| FAX                | 640-3400                             |
| CELL PHONE         | 358-3041                             |
| EMAIL              | <u>jwilliams@swa.org</u>             |
| PAGER              | 456-3946                             |
| HOME PHONE         |                                      |
| HOME ADDRESS       |                                      |
| BIRTHDAY (m/d)     |                                      |

See Form