

# 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> <i>Don Harmon</i>	
STREET ADDRESS	<del>230 S Olive Hwy, Sk</del> <i>230 S Olive Hwy, Sk</i>	
CITY-ST-ZIP	<del>LAKE WORTH, FL 33460</del> <i>LAKE WORTH, FL 33460</i>	
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		
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 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 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 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 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	