

# 2000 UNIFORM BUSINESS REPORT (UBR)

2

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

Principal Place of Business

Mailing Address

150 S. AUSTRALIAN AVE.  
WEST PALM BEACH FL 33401  
US

P.O. BOX 4298  
WEST PALM BEACH FL 33402-4298  
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

7. Name and Address of New Registered Agent

FLETCHER, JOHN S  
5300 S.E. FINANCIAL CENTER  
200 S. BISCAYNE BLVD.  
MIAMI FL 33131-9339

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

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	SD	<input type="checkbox"/> Delete
NAME	GORE, H. GEARL	
STREET ADDRESS	810 SATURN ST., STE. 28	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDAHL, LENNART E., JR.	
STREET ADDRESS	41 SADDLEBACK RD.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPITZNAGEL, W.F.	
STREET ADDRESS	19500 LOXAHATCHEE RV RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	SCHUPP, RUDY E	
STREET ADDRESS	11874 LAKE SHORE DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATHKE, RICHARD C.	
STREET ADDRESS	364 GOLFVIEW RD #201	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	CDV	<input type="checkbox"/> Delete
NAME	HASKINS, RICHARD J	
STREET ADDRESS	1181 MORSE BOULEVARD	
CITY-ST-ZIP	SINGER ISLANDCH FL 33404	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gore, H. Gearl	
STREET ADDRESS	810 Saturn St. Ste. 28	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alissa E. Ballot	
STREET ADDRESS	80 Monterey Pointe Drive	
CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla H. Pollard	
STREET ADDRESS	1351 Sycamore Terrace	
CITY-ST-ZIP	Boca Raton FL 33418	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnny R. Adcock	
STREET ADDRESS	1116 Flores de Avila	
CITY-ST-ZIP	Tampa FL 33613	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Thomas F. Carney	
STREET ADDRESS	1033 Waterway Lane	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Anna Fowler	
STREET ADDRESS	1845 Royal Palm Way	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

561-650-2424

Daytime Phone #

CR2E034 (9/99)