

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90199 020 ***150.00

DOCUMENT # M99762

1. Entity Name

THE HISTORICAL RESEARCH CENTER, INC.

Principal Place of Business

632 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address

632 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2019 CORPORATE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2019 CORPORATE DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0077493

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

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

ROSENWASSER ESQ, RONALD
5355 TOWN CENTER RD
THE PLAZA SUITE 801
BOCA RATON FL 33486

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

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, 2001 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	VPSD	☐ Delete
NAME	FISH, ESTELLE	
STREET ADDRESS	632 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	PTD	☐ Delete
NAME	WALSHE, MICHAEL	
STREET ADDRESS	632 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	SLAVIK, JOE	
STREET ADDRESS	632 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	MARQUIS, NANCY	
STREET ADDRESS	632 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	☐ Delete
NAME	KOILES, MICHELLE	
STREET ADDRESS	632 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD FL	
TITLE	D	☐ Delete
NAME	SZE, MARY	
STREET ADDRESS	632 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD FL	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 supporting information and accompanying 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

Date

Daytime Phone #

4/17/01 5617325-16 3x20

CR2E034 (10/00)