

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02964

1. Entity Name

FIDACAP, INC.

Principal Place of Business

2611 SARANAC AVE
WEST PALM BEACH FL 33409
US

Mailing Address

2611 SARANAC AVE
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GOELET, GLORIA
2611 SARANAC AVE
WEST PALM BEACH FL 33409

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GOELET, GLORIA
2611 SARANAC AVE
W. PALM BCH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TAYLOR, ANNE
1768 S. OCEAN BLVD
PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BENNETT-MCGRADY, COLLEEN
1800 FLORIDA AVE
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TURNER, HELEN
430 29TH ST.
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENDER, JOHN
4741 SOUTHERN BLVD
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

Signature Required Gloria Goelet

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90022 001 *****8.75
09-05-2001 90022 002 *****61.25

78029



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2531694

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

CR2E037 (5/01)