

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90371 025 \*\*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2531694**

☒ 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

**GOELET, GLORIA  
2611 SARANAC AVE  
WEST PALM BEACH FL 33409**

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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>GOELET, GLORIA</b>	
STREET ADDRESS	<b>2611 SARANAC AVE</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33409</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, ANNE</b>	
STREET ADDRESS	<b>1768 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BCH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT-MCGRADY, COLLEEN</b>	
STREET ADDRESS	<b>1800 FLORIDA AVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, HELEN</b>	
STREET ADDRESS	<b>430 29TH ST.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENDER, JOHN</b>	
STREET ADDRESS	<b>4741 SOUTHERN BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
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		
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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:

*[Handwritten Signature]*

*[Handwritten: 029 3616839445]*

CR2E037 (10/02)