

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45585

1. Entity Name

RESOURCES FOR ROMANIA, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90031 043 ****61.25

Principal Place of Business

Mailing Address

P O BOX 807
LAKELAND FL 33802

P O BOX 807
LAKELAND FL 33802-0807

80023758

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

59-3122651

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

ANDERSON, PATRICK R.
817 LEXINGTON ST.
LAKELAND FL 33801

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ANDERSON, PATRICK R.
817 LEXINGTON ST.
LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
WATSON, THOMAS W.
19900 SW 260 ST.
MIAMI FL

☐ Delete

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CITY-ST-ZIP

STD
HARRELL, JACK R., SR.
1702 MEADOWBROOK AVE.
LAKELAND FL

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick R. Anderson Sr

2-14-00

(863)687-2771