

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000006230

1. Entity Name  
THE RINKER COMPANIES FOUNDATION, INC.



Principal Place of Business  
1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

Mailing Address  
1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406



04272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6139266

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAPLACA, FRANK  
1501 BELVEDERE ROAD  
WEST PALM BEACH, FL 33406

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000151678

05/04/04-80052-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CLARKE, DAVID V  
STREET ADDRESS 1501 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE D  
NAME FIALKOW, IRA  
STREET ADDRESS 1501 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE SD  
NAME LAPLACA, FRANK  
STREET ADDRESS 1501 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE D  
NAME WATSON, KARL H  
STREET ADDRESS 1501 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE D  
NAME GAGE, DUNCAN  
STREET ADDRESS 1501 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Frank LaPlaca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

561-820-8314

Daytime Phone #