

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006971**

1. Entity Name

PALM BEACH COUNTY RESOURCE CENTER, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90027 038 ****70.00

Principal Place of Business

Mailing Address

**2001 BROADWAY, STE. 301
RIVIERA BEACH FL 33404****2001 BROADWAY, STE. 301
RIVIERA BEACH FL 33404-5669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0880746

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKYERS, PAUL
2001 BROADWAY, STE. 301
RIVIERA BEACH FL 33404**

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

TITLE	C	<input type="checkbox"/> Delete
NAME	HOWARD, JOHN	
STREET ADDRESS	2001 BROADWAY STE 301	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARLITZ, MICHAEL	
STREET ADDRESS	301 N. OLIVE AVE	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATKINS, TOM	
STREET ADDRESS	1555 PALM BCH LAKES BLVD #400	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORLEY, LESLIE	
STREET ADDRESS	120 S. OLIVE AVE #400	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

John Howard

1/21/2000 (561)8456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #