

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90013 012 ****70.00

DOCUMENT # N98000006971

1. Entity Name

PALM BEACH COUNTY RESOURCE CENTER, INC.

Principal Place of Business

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

Mailing Address

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

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

65-0880746

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HOWARD, JOHN 2001 BROADWAY STE 301 RIVIERA BCH FL 33404 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Francis Frances 625 N. Flagler Drive West Palm Beach, Fl. 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|--|--|

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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TARLITZ, MICHAEL 301 N. OLIVE AVE W. PALM BCH FL 33401 | <input checked="" type="checkbox"/> Delete |
|--|---|--|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATKINS, TOM 1555 PALM BCH LAKES BLVD #400 WEST PALM BCH FL 33401 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORLEY, LESLIE 120 S. OLVE AVE #400 W. PALM BCH FL 33401 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Paul G. Skyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/9/2001 561-863-0895
Date Daytime Phone #

CR2E037 (10/00)