

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091148

1. Entity Name

FLORIDA INTERCHANGE CORP.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90074 023 \*\*\*150.00

Principal Place of Business

251-A ROYAL PALM WY, STE 300  
 PLAZA CENTER  
 PALM BEACH FL 33480

Mailing Address

251-A ROYAL PALM WY, STE 300  
 PLAZA CENTER  
 PALM BEACH FL 33480-4355

2. Principal Place of Business

1400 Centrepark Blvd

Suite, Apt. #, etc.

6th FL

City & State

W. Palm Bch FL

Zip

Country

33401

USA

3. Mailing Address

1400 Centrepark Blvd

Suite, Apt. #, etc.

6th FL

City & State

W. Palm Bch FL

Zip

Country

33401

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DIFFENDERFER, ROBERT P ESQ.  
 1700 PALM BEACH LAKES BLVD, STE 1000  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Paul Rhodes

Street Address (P.O. Box Number is Not Acceptable)

1400 Centrepark Blvd

6th FL

City

W. Palm Bch

FL

33401

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

4-27-00

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
 NAME LARSON, SALLY  
 STREET ADDRESS 251-A ROYAL PALM WY, STE 300 PLAZA CENTER  
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE P ☐ Delete  
 NAME RHODES, PAUL  
 STREET ADDRESS 251-A ROYAL PALM WAY, SUITE 300  
 CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1400 Centrepark Blvd 6th FL  
 CITY-ST-ZIP W. Palm Bch FL 33401

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Rhodes

Date

4-27-00

Daytime Phone #

561-659-5400

CR2E034 (9/99)