

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037499

1. Entity Name

FLORIDA RSI/DELRAY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90104 009 ***150.00

Principal Place of Business

1740 NW 2ND ST.
 DELRAY BEACH FL 33444

Mailing Address

1740 NW 2ND ST.
 DELRAY BEACH FL 33444-1628

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0836259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, JEFFREY H
 2424 N. FEDERAL HWY., SUITE 480
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	PUGH, RONALD J	
STREET ADDRESS	66 RED SABLE	
CITY-ST-ZIP	THE WOODLANDS TX 77380	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERELLA, ALVIN A JR.	
STREET ADDRESS	3520 BEVERLY DR.	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGGS, MICHAEL J	
STREET ADDRESS	3612 DIANE DR.	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBRIGHT, FREDRICK H JR.	
STREET ADDRESS	1515 15TH LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JAMES D JR.	
STREET ADDRESS	5341 ST. CHARLES	
CITY-ST-ZIP	NEW ORLEANS LA 70115	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, RODNEY	
STREET ADDRESS	2231 HIGH PT.	
CITY-ST-ZIP	CARROLTON TX 75007	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5480 LONGVIEW
CITY-ST-ZIP	FUSCO, TX 75034

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 561-279-9697

CR2E034 (9/99)