

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000037499**

1. Entity Name

FLORIDA RSI/DELRAY, INC.

Principal Place of Business

**1740 NW 2ND ST.
DELRAY BEACH FL 33444**

Mailing Address

**1740 NW 2ND ST.
DELRAY BEACH FL 33444**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ROSENTHAL, JEFFREY H
2424 N. FEDERAL HWY., SUITE 460
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, 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, 2001 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 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	5480 LONGVUE	
CITY-ST-ZIP	FRISCO TX 75034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGEORGE, JOHN	
STREET ADDRESS	6640 PIER POINT DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

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

RONALD J. PUGH**5/7/2001****(281)****447-7759**

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90371 026 ***550.00

550775

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**

CR2E034 (10/00)