2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-07-2003 90218 028 ***150.00

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DOCUMENT # P98000037499

1. Entity Name
FLORIDA RSI/DELRAY, INC.

Principal Place of Business	Mailing Address
1740 NW 2ND ST.	1740 NW 2ND ST.
DELRAY BEACH FL 33444	DELRAY BEACH FL 33444

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	701 BRICKELL AVE.
City & State	Suite, Apt. #, etc. #3000
Zip / Country	City & State MIAMI FL
	Zip 33131 / Country

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	7. Name and Address of New Registered Agent
ROSENTHAL, JEFFREY H 2424 N. FEDERAL HWY., SUITE 480 BOCA RATON FL 33431	Name: INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE, STE. 3000 City: MIAMI FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent. INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE _____ BY: STEVEN H. HAGEN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUGH, RONALD J 66 RED SABLE THE WOODLANDS TX 77380	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERELLA, ALVIN A JR. 3520 BEVERLY DR. DALLAS TX 75205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGGS, MICHAEL J 3612 DIANE DR. BOYNTON BCH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, JAMES D JR. 5341 ST. CHARLES NEW ORLEANS LA 70115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S 904 DAUPHINE NEW ORLEANS, LA 70116	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, RODNEY 5480 LONGVUE FRISCO TX 75034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEGEORGE, JOHN 6640 PIER POINT DR LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V DEGEORGE, JOHN	■ Change ☐ Addition

CR2E034 (10/02)

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 607, 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 03-31-03 561-279-9697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #