

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032712

1. Entity Name
RESOURCES OF EASTERN FLORIDA, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90031 044 ***150.00

Principal Place of Business
128 43RD STREET S.W.
VERO BEACH FL 32968

Mailing Address
128 43RD STREET S.W.
VERO BEACH FL 32968

2. Principal Place of Business
1519 19th Place

3. Mailing Address
P.O. Box 998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Vero Beach, FL

City & State
Vero Beach, FL

4. FEI Number 59-2748319

Applied For
Not Applicable

Zip Country
32961

Zip Country
32961

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

GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH FL 32963

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GRAVES, W C IV
STREET ADDRESS 128 43RD AVENUE S.W.
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE
NAME
STREET ADDRESS 6655 8th St
CITY-ST-ZIP Vero Beach, FL 32968 ☒ Change ☐ Addition

TITLE P
NAME ZIEGLER, MICHAEL R
STREET ADDRESS 3375 12TH ST
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *W C Graves, IV* Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/01 (561) 564-5723

CR2E034 (10/00)