DOCUMENT # P99000042417

Entity Name

RESOURCE CAPITAL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90181 009 ***150.00

Principal Place of Business	Mailing Address
SOUTH FLAGLER DRIVE #1001 PALM BEACH FL 33401	505 SOUTH FLAGLER DRIVE #1001 WEST PALM BEACH FL 33401-5949

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1550 Clearlake Centre	1550 Clearlake Centre
Suite, Apt. #, etc. 250 Australian Avenue	Suite, Apt. #, etc. 250 Australian Avenue
City & State Palm Beach, Florida	City & State West Palm Beach, Florida
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 65-0925625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C
505 SOUTH FLAGLER DRIVE #1001
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Schneider, John C.

Street Address (P.O. Box Number is Not Acceptable):
1550 Clearlake Centre
250 Australian Avenue

City: West Palm Beach FL Zip Code: 33401

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: John Schneider 4/27/00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President Garret Clancy 1172 Primrose Lane Wellington, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Vice President Corinne Clancy 1172 Primrose Lane Wellington, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E044 (10/00)

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] 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.03