

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042417

1. Entity Name

RESOURCE CAPITAL, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90094 031 ***150.00

Principal Place of Business

1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE
WEST PALM BEACH FL 33401
US

Mailing Address

1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

250 Australian Avenue South

3. Mailing Address

250 Australian Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1550 Clearlake Centre

1550 Clearlake Centre

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

33401

US

Zip

Country

33401

33401

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

7. Name and Address of New Registered Agent

SCHNEIDER, JOHN C
1550 CLEARLAKE CENTRE
250 AUSTRALIAN AVE
WEST PALM BEACH FL 33401

Name

John C. Schneider, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1550 Clearlake Centre

250 Australian Avenue South

City

West Palm Beach

FL

Zip Code

33401

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 P ☐ Delete
NAME CLANCY, GARRET
STREET ADDRESS 1172 PRIMROSE LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE P ☒ Change ☐ Addition
NAME Clancy, Garret
STREET ADDRESS 2049 Polo Gardens Drive #101
CITY-ST-ZIP Wellington, FL 33414

TITLE V ☐ Delete
NAME CLANCY, CORINNE
STREET ADDRESS 1172 PRIMROSE LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE V ☒ Change ☐ Addition
NAME Clancy, Corinne
STREET ADDRESS 2049 Polo Gardens Drive #101
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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STREET ADDRESS
CITY-ST-ZIP

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

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

4/7/01

Date

561-615-0615

Daytime Phone #

CR2E034 (10/00)