

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S93584**

1. Entity Name

THE HISTORICAL RESEARCH CENTER INTERNATIONAL, IN

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90199 021 ***150.00

Principal Place of Business

**632 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

Mailing Address

**632 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

2019 CORPORATE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2019 CORPORATE DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0315964

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

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

**ROSENWASSER ESQ, RONALD
5355 TOWN CENTER ROAD
THE PLAZA SUITE 801
BOCA RATON FL 33486**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD WALSHE, MICHAEL 632 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD FISH, ESTELLE 632 S. MILITARY TRAIL DEERFIELD BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SLAVIK, JOE 632 SOUTH MILITARY TRAIL DEERFIELD BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MARQUIS, NANCY 632 SOUTH MILITARY TRAIL DEERFIELD BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOILES, MICHELLE 632 S MILITARY TRAIL DEERFIELD BCH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SZE, MARY 632 S MILITARY TRAIL DEERFIELD BCH FL | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Nancy Marquis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/01 5617325263

CR2E034 (10/00)