

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 414364

1. Entity Name
KUNDE, SPRECHER & ASSOCIATES, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90117 009 ***158.75

Principal Place of Business
7300 N. KENDALL DR.
SUITE 400
MIAMI FL 33156
US

Mailing Address
7300 N. KENDALL DR.
SUITE 400
MIAMI FL 33156
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1431362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRECHER, ROBERT C
7300 N. KENDALL DR.
SUITE 400
MIAMI FL 33156

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, 2002 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 PD
NAME SPRECHER, ROBERT
STREET ADDRESS 7300 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE SVPD
NAME HEDRICK, ZENNON
STREET ADDRESS 7300 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE SVPD
NAME JUNKIN, WILLIAM
STREET ADDRESS 7300 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE ASD
NAME OLIVARES, LUIS
STREET ADDRESS 7300 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE SVP
NAME OLIVER, JAMES(RICK)
STREET ADDRESS 7300 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE SECRETARY / TREASURER
NAME WENDY CARR
STREET ADDRESS 7300 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE SECRETARY / TREASURER
NAME WENDY CARR
STREET ADDRESS 7300 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 33156 ☐ 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)(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

Date

Daytime Phone #

CR2E034 (9/01)