

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90029 014 ***150.00

DOCUMENT # 581360

1. Entity Name
BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO, DEBEVO

Principal Place of Business 222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401	Mailing Address 222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401-6145
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B0019637



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1240 U.S. Hwy 1 Suite, Apt. #, etc.	3. Mailing Address 1240 U.S. Hwy 1 Suite, Apt. #, etc.
City & State North Palm Bch FL	City & State North Palm Bch FL
Zip 33408	Country USA

4. FEI Number 59-1839299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPICER, DAVID W.
~~222 LAKEVIEW AVE~~ **1240 U.S. Hwy 1**
~~ESPERANTE, SIXTH FLOOR~~ **N.P.B., FL**
~~WEST PALM BEACH FL 33401~~ **33408****

7. Name and Address of New Registered Agent
 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 DATE **1-24-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE D	NAME BOCCHINO, JOHN W	STREET ADDRESS 315 E ROBINSON ST STE 510	CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> Delete
TITLE D	NAME LECLAINCHE, STEPHEN	STREET ADDRESS 222 LAKEVIEW DRIVE 6TH FLOOR	CITY-ST-ZIP W PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE SD	NAME CIOTOLI, EUGENE L.	STREET ADDRESS 222 LAKEVIEW AVE 6 FL 1240 U.S. Hwy 1	CITY-ST-ZIP W. PALM BCH. FL N PB, FL	<input type="checkbox"/> Delete
TITLE VD	NAME FULFORD, JEFFREY C.	STREET ADDRESS 222 LAKEVIEW AVE 6 FL 1240 U.S. Hwy 1	CITY-ST-ZIP W. PALM BCH. FL N PB, FL	<input type="checkbox"/> Delete
TITLE D	NAME DEBEVOISE, D.A	STREET ADDRESS 315 E. ROBINSON ST., STE. 510	CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> Delete
TITLE D	NAME BOBO, A. RUSSELL	STREET ADDRESS 222 LAKEVIEW AVE 6TH FL 1240 U.S. Hwy 1	CITY-ST-ZIP W. PALM BEACH FL N PB, FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME Spicer, David W.	STREET ADDRESS 1240 U.S. Hwy 1	CITY-ST-ZIP N. Palm Bch, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME Romaguera, Raul	STREET ADDRESS 1240 U.S. Hwy 1	CITY-ST-ZIP N. Palm Bch, FL 33408	<input type="checkbox"/> Change <input checked="" 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: DATE **1-24-2000** DAYTIME PHONE # **561-684-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)