

**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 <b>222 LAKEVIEW AVE          ESPERANTE, SIXTH FLOOR          WEST PALM BEACH FL 33401</b>	Mailing Address <b>222 LAKEVIEW AVE          ESPERANTE, SIXTH FLOOR          WEST PALM BEACH FL 33401-6145</b>
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**B0019637**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-1839299</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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	BOCCHINO, JOHN W	<input type="checkbox"/> Delete
STREET ADDRESS 315 E ROBINSON ST STE 510	ORLANDO FL	
TITLE D	LECLAINCHE, STEPHEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 222 LAKEVIEW DRIVE 6TH FLOOR	W PALM BCH FL	
TITLE SD	CIOTOLI, EUGENE L.	<input type="checkbox"/> Delete
STREET ADDRESS <del>222 LAKEVIEW AVE 6 FL</del> <b>1240 U.S. Hwy 1</b>	W. PALM BCH. FL <b>N PB, FL</b>	
TITLE VD	FULFORD, JEFFREY C.	<input type="checkbox"/> Delete
STREET ADDRESS <del>222 LAKEVIEW AVE 6 FL</del> <b>1240 U.S. Hwy 1</b>	W. PALM BCH. FL <b>N PB, FL</b>	
TITLE D	DEBEVOISE, D.A	<input type="checkbox"/> Delete
STREET ADDRESS 315 E. ROBINSON ST., STE. 510	ORLANDO FL	
TITLE D	BOBO, A. RUSSELL	<input type="checkbox"/> Delete
STREET ADDRESS <del>222 LAKEVIEW AVE 6TH FL</del> <b>1240 U.S. Hwy 1</b>	W. PALM BEACH FL <b>N PB, FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	Spicer, David W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1240 U.S. Hwy 1	N. Palm Bch, FL 33408	
TITLE D	Romaguera, Raul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1240 U.S. Hwy 1	N. Palm Bch, FL 33408	

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)