

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90141 003 \*\*\*\*70.00

**DOCUMENT # 728988**

1. Entity Name

**SPECTRE ASSOCIATION, INC.**

Principal Place of Business

65 NE LAURIE DRIVE  
 FT. WALTON BEACH FL 32548  
 US

Mailing Address

65 NE LAURIE DRIVE  
 FT. WALTON BEACH FL 32548  
 US

2. Principal Place of Business

*Spectre Association*  
 Suite, Apt. #, etc.  
*Box 707*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Mary Esther FL*

City & State

Zip

Country

*32569-0707*

*USA*

Country

4. FEI Number

**59-0788761**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

APPLEBY JERALD  
 65 NE LAURIE DR.  
 FT WALTON BCH FL FL 32548

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 *Jerald A Appleby*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-30-01*

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **GOWDIE, CLYDE C**  
 CITY-ST-ZIP **250 ANNABELLE DRIVE**  
**FT. WALTON BCH, FL 32548**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SPENCER, DUANE A**  
 CITY-ST-ZIP **27 MIRACLE DRIVE**  
**MARY ESTHER FL 32569**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **APPLEBY JERALD**  
 CITY-ST-ZIP **65 NE LAURIE DR.**  
**FT. WALTON BCH., FL 32548**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **THRASHER, J R**  
 CITY-ST-ZIP **4528 PARKWOOD LANE**  
**NICEVILLE FL 32578**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **GAUDETTE, GLENN**  
 CITY-ST-ZIP **40 BAYWOOD CT, NW**  
**FORT WALTON BEACH FL 32548**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KINKAID, RAYMOND E**  
 CITY-ST-ZIP **390 BRIAN CIRCLE**  
**MARY ESTHER FL 32569**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

*4-30-01*

*850-243-2462*

CR2E037 (10/00)