

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # 826870

1. Entity Name

SPENCER GIFTS, INC.

FILED

00 NOV 16 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6826 BLACK HORSE PIKE  
SUITE 128  
EGG HARBOR TWSP NJ 08234  
US

Mailing Address

ATTN: HOWARD PRESNALL  
6826 BLACK HORSE PIKE #128  
EGG HARBOR TWP NJ 08234  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1935091

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
NAME CAREY, GENE  
STREET ADDRESS 6826 BLACK HORSE PIKE  
CITY-ST-ZIP EGG HARBOR TWSP NJ ☐ Delete

TITLE VS  
NAME MANGEL, RONALD  
STREET ADDRESS 6826 BLACK HORSE PIKE  
CITY-ST-ZIP EGG HARBOR TWSP NJ ☐ Delete

TITLE C  
NAME HACALA, JOHN  
STREET ADDRESS 6826 BLACK HORSE PIKE  
CITY-ST-ZIP EGG HARBOR TWSP NJ ☐ Delete

TITLE D  
NAME RANDALL, KAREN  
STREET ADDRESS 100 UNIVERSAL CITY PLAZA  
CITY-ST-ZIP UNIVERSAL CITY CA 91608 ☐ Delete

TITLE VAS  
NAME GARCIA, SHARON S.  
STREET ADDRESS 100 UNIVERSAL CITY  
CITY-ST-ZIP UNIVERSITY CA ☐ Delete

TITLE D  
NAME RUNTAGH, HELENE  
STREET ADDRESS 100 UNIVERSAL CITY  
CITY-ST-ZIP UNIVERSAL CITY CA ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800003493208-3  
-12/11/00--01032--012  
\*\*\*1500.00 \*\*\*7509.00

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Howard Presnall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00  
Day

609-645-5715  
Daytime Phone #

CR2E034 (5/00)

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SIGNATURE CT CORPORATION SYSTEM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

B. Marjorie 11/22/00

CUSTOMER TECHNICAL SPECIALIST

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 \$550.00  
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☐ Change ☐ Addition

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SIGNATURE: [Signature]

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/00

609-645-5715