

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90127 001 *1,100.00

01/27/2001 AR

DOCUMENT # 826870

1. Entity Name

SPENCER GIFTS, INC.



Principal Place of Business

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

Mailing Address

**ATTN: HOWARD PRESNALL
 6826 BALCK HORSE PIKE. #128
 EGG HARBOR TWP NJ 08234
 US**

78414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1935091

Applied For

Not Applicable

Zip

Country

Zip

Country

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CAREY, GENE**
 STREET ADDRESS **6826 BLACK HORSE PIKE**
 CITY-ST-ZIP **EGG HARBOR TWSP NJ**

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

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Thomas L. Williams**
 STREET ADDRESS **100 Universal City Plaza**
 CITY-ST-ZIP **Universal City, Ca 91608**

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SR VP/CFO

Date

9/6/01

Daytime Phone #

CR2E034 (5/01)