

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90234-024-\$158.75-\$158.75

102

DOCUMENT # F93000002475

1. Entity Name
SPICLIFF, INC.

FILED

00 OCT -6 PM 1:02

Principal Place of Business

4301 CREIGHTON
PENSACOLA FL 32504
US

Mailing Address

2542 WILLIAMS BOULEVARD
KENNER LA 70062

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40076277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2542 Williams Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attention: Legal Department

City & State

City & State

Kenner, LA

4. FEI Number

72-1240949

Applied For

Not Applicable

Zip

Country

Zip

70062

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	LASSEN, SIDNEY W	
STREET ADDRESS	2542 WILLIAMS BLVD.	
CITY-ST-ZIP	KENNER LA 70062	
TITLE	VD	☐ Delete
NAME	THOMAS A MASILLA, JR.	
STREET ADDRESS	2542 WILLIAMS BLVD.	
CITY-ST-ZIP	KENNER LA	
TITLE	ST	☒ Delete
NAME	DAVID A. O'FLYNN, JR.	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER LA	
TITLE	VP	☐ Delete
NAME	BRODIE, JAMES W	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER LA 70062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/Asst. S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	Whelan, Robert A.	
STREET ADDRESS	2542 Williams Blvd.	
CITY-ST-ZIP	Kenner, LA 70062	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
JAMES W. BRODIE, V.P.

9/5/00

Date

504-471-6200

Daytime Phone

CR2E034 (5/00)

282

September 28, 2000

Attn: Ms. Ashton
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: *Spiccliff, Inc.*
Document Number: *P93000002475*

Dear Madam/Sir:

Enclosed please find the 2000 Uniform Business Report for the above referenced entity.

The original form for this entity was never received from the Florida Department of State, Division of Corporations.

When this document was not received, I contacted your office and was advised to request a blank form. The form was requested and was in the process of being prepared when the enclosed preprinted form was received. This preprinted form has been duly executed.

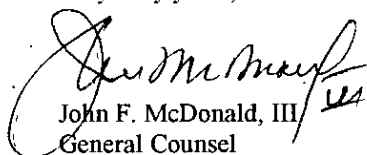
Attached to the form is a copy of the check which was presented for payment in the amount of \$158.75 representing the original required fee of \$150.00 and the additional fee of \$8.75 for a Certificate of Status.

Due to the fact that the original form was not delivered to our office and there was a delay in obtaining new forms, I would request that you waive any penalties and allow this form to be filed with the original filing fees presented.

Your assistance and cooperation in this matter would be greatly appreciated. If you have any questions, please do not hesitate to call.

With kind regards, I remain

Very truly yours,


John F. McDonald, III
General Counsel

JFMII/at

Enclosures

CERTIFIED MAIL #: P943705144

AREA CODE 504 - 471-6200

NEW ORLEANS

2542 WILLIAMS BOULEVARD - KENNER, LOUISIANA 70062-5596

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