2000 UNIFORM BUSINESS REPORT (UBR)

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

1 of 2

DOCUMENT # F93000002475

1. Entity Name
SPICLIFF, INC.

FILED
00 OCT -6 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0076277

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4301 CREIGHTON PENSACOLA FL 32504 US	2542 WILLIAMS BOULEVARD KENNER LA 70062

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2542 Williams Boulevard Suite, Apt. #, etc. Attention: Legal Department
City & State	City & State Kenner, LA
Zip / Country	Zip 70062 / Country USA

4. FEI Number 72-1240949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LASSEN, SIDNEY W 2542 WILLIAMS BLVD. KENNER LA 70062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS A MASILLA, JR. 2542 WILLIAMS BLVD. KENNER LA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DAVID A. O'FLYNN, JR. 2542 WILLIAMS BLVD KENNER LA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRODIE, JAMES W 2542 WILLIAMS BLVD KENNER LA 70062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/Asst. S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Whelan, Robert A. 2542 Williams Blvd. Kenner, LA 70062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 9/5/00 904-471-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James W. Brodie, V.P.

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September 28, 2000

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

Re: ***Spicliff, 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