

DOCUMENT # F93000003545

1. Entity Name

ADVISORY MANAGEMENT CORPORATION

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90004 024 \*\*\*150.00

Principal Place of Business

3920 RCA BLVD., SUITE 2004  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

3920 RCA BLVD., SUITE 2004  
PALM BEACH GARDENS FL 33410  
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 65-0410644

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

SPINELLO, MARK J  
3920 RCA BLVD., SUITE 2004  
PALM BEACH GARDENS FL 33410

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 RESTINO, PHILLIP C  
STREET ADDRESS 3920 RCA BLVD., SUITE 2004  
CITY-ST-ZIP PALM BEACH GARDENS FL

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

TITLE VOT ☐ Delete  
NAME SPINELLO, MARK J  
STREET ADDRESS 3920 RCA BLVD., SUITE 2004  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE S ☐ Delete  
NAME GRAINGER, MARIA  
STREET ADDRESS 3920 RCA BLVD., SUITE 2004  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ Change ☐ Addition  
TITLE ☐ Change ☐ Addition  
NAME  
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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:

*Maria Grainger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA GRAINGER

Date

1/4/01 561-694-0110

Daytime Phone #

CR2E034 (10/00)