

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91510 037 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # F93000003581**

1. Entity Name  
**ADVISORY SERVICES CORPORATION**

Principal Place of Business  
**4600 E PARK DR  
 SUITE 300  
 PALM BEACH GARDENS FL 33410**

Mailing Address  
**3920 RCA BLVD., SUITE 2004  
 PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **88-0285966**

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

**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<del>SVP</del> FERRIS, GLENN T 3920 RCA BLVD., SUITE 2004 PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EVP</del> SPINELLO, MARK J 3920 RCA BLVD., SUITE 2004 PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> PROVINES, MICHAEL J 3920 RCA BLVD., SUITE 2004 PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, DAVID L 3920 RCA BLVD., SUITE 2004 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GOLINO, PAULA 3920 RCA BLVD., SUITE 2004 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GINGRICH, MIRALDA 3920 RCA BLVD STE 2004 PALM BCH GDNS FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T/D Ferris, Glenn T. 3920 RCA Blvd., Suite 2004 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Spinello, Mark J. 3920 RCA Blvd., Suite 2004 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Butch, Thomas W. 6300 Lamar Avenue Shawnee Mission, KS 66202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Daniel W. Carlson* **REQUIRED** Daniel W. Carlson 4/18/02 561-694-0110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FEI Number: 88-0285966

Attachnet

950463

#1930000388

*Advisory Services Corporation*

**ADDITIONAL OFFICERS**

<u>Name</u>	<u>Title</u>	<u>Address</u>
Shashi Mehrotra	Vice President	3920 RCA Blvd., Suite 2004 Palm Beach Gardens, FL 33410
Daniel W. Carlson	Vice President/ Secretary	3920 RCA Blvd., Suite 2004 Palm Beach Gardens, FL 33410
Andrew Takach	Vice President	3920 RCA Blvd., Suite 2004 Palm Beach Gardens, FL 33410