

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90180 024 \*\*\*150.00

DOCUMENT # F94000002553

1. Entity Name

Spencer, White & Prentiss  
Foundation Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1280 N. Congress Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108

Same

City & State

City & State

West Palm Bch, FL

Zip

Country

Zip

Country

33409

USA

4. FEI Number

04-3184591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brian M. LaRue

Street Address / P.O. Box Number if Not Applicable

149 Australian Ave.

City

Palm Beach

FL

Zip Code

33480

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCDT
NAME	LaRue, Brian M.
STREET ADDRESS	149 Australian Ave.
CITY - ST - ZIP	Palm Beach, FL 33480
TITLE	S
NAME	LaRue, B. Keith
STREET ADDRESS	1 Mindy's Way.
CITY - ST - ZIP	LaFayette, NJ 07848
TITLE	O
NAME	Floyd, Drew
STREET ADDRESS	6 Collette Lane
CITY - ST - ZIP	Swansea, MA 02777
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian M. LaRue  
President

Date 1/23/03

Daytime Phone 561-659-0615

CR2E034B (12/02)