

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001038

1. Entity Name

THE SPACKMAN ASSOCIATES, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90110 031 \*\*\*150.00

Principal Place of Business

Mailing Address

5225-101 E. HARBOR VILLAGE DR.  
VERO BEACH FL 32967

5225-101 E. HARBOR VILLAGE DR.  
VERO BEACH FL 32963-9512

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 **74-2859298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPACKMAN, THOMAS J M.D.

~~5225-101 E. HARBOR VILLAGE DR.~~ **351 WESTWIND CT**  
~~VERO BEACH FL 32967~~ **VERO BEACH FL 32963**

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, 2000 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

TITLE **CPT** ☐ Delete  
NAME **SPACKMAN, THOMAS J M.D.**  
STREET ADDRESS **5225-101 E. HARBOR VILLAGE DR.**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **CVS** ☐ Delete  
NAME **SPACKMAN, DONNA S**  
STREET ADDRESS **5225-101 E. HARBOR VILLAGE DR.**  
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** ☐ Delete  
NAME **SPACKMAN, THOMAS J JR.**  
STREET ADDRESS **6022 ELLSWORTH AVE.**  
CITY-ST-ZIP **DALLAS TX 75206**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **351 WESTWIND CT.**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **351 WESTWIND CT.**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition  
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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 of Thomas J. Spackman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 24 2000**

Date

Daytime Phone #