

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53877

1. Entity Name

SPERRY FRANK, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90115 050 ***150.00

Principal Place of Business

252 SW 12TH AVE
DEERFIELD BEACH FL 33442

Mailing Address

252 SW 12TH AVE
DEERFIELD BEACH FL 33442-3104

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

59-1395419

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

SPERRY, RAYMOND

~~14425 STRATHMORE LN APT 809
BOCA RATON FL 33487~~

859 JEFFERY ST APT 809
BOCA RATON FL 33487

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SPERRY, RAYMOND
STREET ADDRESS 14425 STRATHMORE LN
CITY-ST-ZIP DEL RAY BEACH FL *CHANDLER*

TITLE PD ☒ Change ☐ Addition
NAME SPERRY RAYMOND
STREET ADDRESS 859 JEFFERY ST APT 809
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Change ☐ Addition

TITLE SD ☐ Delete
NAME SPERRY, MARTIN
STREET ADDRESS 633 S. ANDREWS AVE SUITE 101
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Raymond Sperry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND SPERRY, PRES.

Date

Daytime Phone #

954 426-3346

CR2E034 (9/99)