

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38819

1. Entity Name

EDMOND J. AND JEAN SPENCE FOUNDATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90071 003 ****61.25

Principal Place of Business

Mailing Address

C/O JEAN SPENCE
1220 N. OCEAN BLVD.
GULF STREAM FL 33483

JEAN SPENCE
1220 N. OCEAN BLVD.
GULF STREAM FL 33483-7232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0201974

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

SPENCE, REGINA W
1220 N OCEAN BLVD
GULF STREAM FL 33483

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPENCE, REGINA W.	
STREET ADDRESS	1220 N OCEAN BLVD.	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATTERY, CAROL	
STREET ADDRESS	1220 N OCEAN BLVD.	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORRELL, DALE J.	
STREET ADDRESS	5720 G COACH HOUSE CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 2000

561-276-3958

Date

Daytime Phone #