

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003777**

1. Entity Name

THE SPENCER PHILANTHROPIC FOUNDATION, INC.

Principal Place of Business

**22604 ESPLANADA CIRCLE WEST
BOCA RATON FL 33433**

Mailing Address

**22604 ESPLANADA CIRCLE WEST
BOCA RATON FL 33433**

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 **65-0853571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP
2200 CORPORATE BLVD., N.W.
SUITE 401
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	SPENCER, GEORGE E	22604 ESPLANADA CIRCLE WEST	BOCA RATON FL 33433	<input type="checkbox"/>

VD	SPENCER, RHODA F	22604 ESPLANADA CIRCLE WEST	BOCA RATON FL 33433	<input type="checkbox"/>
----	------------------	-----------------------------	---------------------	--------------------------

SD	SPENCER, SCOTT	22604 ESPLANADA CIRCLE WEST	BOCA RATON FL 33433	<input type="checkbox"/>
----	----------------	-----------------------------	---------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

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: GEORGE E. SPENCER

RECEIVED

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90094 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)