

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032908

1. Entity Name

SPECTRUM FINANCIAL CORPORATION

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90009 003 ***150.00

Principal Place of Business

450 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401

Mailing Address

450 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401

2. Principal Place of Business

501 South Flagler Drive

Suite, Apt. #, etc.

307

3. Mailing Address

501 South Flagler Drive

Suite, Apt. #, etc.

307

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. FEI Number

65-1003372

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FLETCHER, JOHN S
5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2339

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DUNHAM, LOUIS J	
STREET ADDRESS	450 SOUTH AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dunham, Louis J	
STREET ADDRESS	450 S. Australian Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ballot, Alissa	
STREET ADDRESS	450 S. Australian Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Essig, Barry J.	
STREET ADDRESS	501 S. Flagler Drive Ste. 307	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. Essig

Date

(561)833-7006

Daytime Phone #

CR2E034 (10/00)