

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90234-034-\$158.75-\$158.75

DOCUMENT # P20250

1. Entity Name

SPIWACHEE, INC.

Principal Place of Business

6210 COMMERCIAL WAY
BROOKSVILLE FL 19801
US

Mailing Address

2542 WILLIAMS BLVD
KENNER LA 70062
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2542 Williams Boulevard

Suite, Apt. #, etc.

Attention: Legal Department

City & State

Kenner, LA

Zip

70062

Country

USA

FILED

00 OCT -6 PH 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0076267



DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1125034

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME LASSEN, SIDNEY W.
STREET ADDRESS 2542 WILLIAMS BLVD.
CITY-ST-ZIP KENNER LA ☐ Delete

TITLE VP
NAME THOMAS A MASILLA, JR.
STREET ADDRESS 2542 WILLIAMS BLVD.
CITY-ST-ZIP KENNER LA ☐ Delete

TITLE ST
NAME DAVID A O'FLYNN, JR.
STREET ADDRESS 2542 WILLIAMS BLVD.
CITY-ST-ZIP KENNER LA ☒ Delete

TITLE VP
NAME BRODIE, JAMES W.
STREET ADDRESS 2542 WILLIAMS BLVD
CITY-ST-ZIP KENNER LA 70062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE V/S
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE V/Asst. S
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME Whelan, Robert A.
STREET ADDRESS 2542 Williams Blvd.
CITY-ST-ZIP Kenner, LA 70062 ☐ Change ☒ Addition

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES W. BRODIE, V.P.

9/5/00
Date

504-471-6200
Daytime Phone #

282

September 28, 2000

Attn: Ms. Ashton
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: *Spiwachee, Inc.*
Document Number: *P20250*

Dear Madam/Sir:

Enclosed please find the 2000 Uniform Business Report for the above referenced entity.

The original form for this entity was never received from the Florida Department of State, Division of Corporations.

When this document was not received, I contacted your office and was advised to request a blank form. The form was requested and was in the process of being prepared when the enclosed preprinted form was received. This preprinted form has been duly executed.

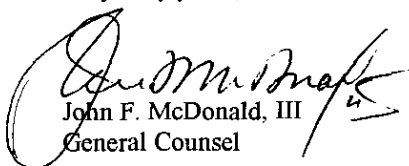
Attached to the form is a copy of the check which was presented for payment in the amount of \$158.75 representing the original required fee of \$150.00 and the additional fee of \$8.75 for a Certificate of Status.

Due to the fact that the original form was not delivered to our office and there was a delay in obtaining new forms, I would request that you waive any penalties and allow this form to be filed with the original filing fees presented.

Your assistance and cooperation in this matter would be greatly appreciated. If you have any questions, please do not hesitate to call.

With kind regards, I remain

Very truly yours,


John F. McDonald, III
General Counsel

JFMII/at

Enclosures

CERTIFIED MAIL #: P943705153

AREA CODE 504 - 471-6200

NEW ORLEANS

2542 WILLIAMS BOULEVARD - KENNER, LOUISIANA 70062-5596

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