

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021425

1. Entity Name

SPANGLER ENTERPRISES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90005 036 ***150.00

Principal Place of Business

Mailing Address

4206 ST CHARLES DR
 SARASOTA FL 34243
 US

3950 LANCASTER DRIVE
 SARASOTA FL 34241-5817

2. Principal Place of Business

3. Mailing Address **P.O. Box 1160
 TALLEVAST, FL 34270**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLEVAST FL

4. FEI Number **65-0400194**

Applied For
 Not Applicable

Zip

Country

Zip
34270

Country
USA

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

SPANGLER, STEVEN
 3950 LANCASTER DRIVE
 SARASOTA FL 34241

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	P	<input checked="" type="checkbox"/> Delete
NAME	SPANGLER, BERTAH M	
STREET ADDRESS	4206 ST CHARLES DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPANGLER, STEVEN	
STREET ADDRESS	3950 LANCASTER DR	
CITY-ST-ZIP	SARASOTA 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER, STEVEN M.	
STREET ADDRESS	3950 LANCASTER DR.	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER, WALTER J.	
STREET ADDRESS	4206 ST. CHARLES DR.	
CITY-ST-ZIP	SARASOTA, FL 34243	
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		
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 an other like empowered.

SIGNATURE: *Walter J. Spangler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER J. SPANGLER
 V.P.

4/25/00 941-359-0622

Date

Daytime Phone #

CR2E034 (9/99)