

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036764

1. Entity Name

ISABELLE O. SPENCE, LMFT, P.A.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90069 010 \*\*\*150.00

Principal Place of Business

432 OSCEOLA AVENUE S  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

432 OSCEOLA AVE S  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business

11 SEA WINDS LN E.

3. Mailing Address

11 SEA WINDS LN. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PONTE VEDRA BEACH

PONTE VEDRA BEACH

City & State

FLORIDA

City & State

FLORIDA

Zip

32082

Country

U.S.A.

Zip

32082

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3243864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPENCE, ISABELLE O  
11 SEA WINDS LN. E. E  
PONTE VEDRA BEACH FL 32082

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

*Isabelle O. Spence*

ISABELLE O. SPENCE

3/9/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVTS  
SPENCE, ISABELLE O  
11 SEA WINDS LN E  
PONTE VEDRA BEACH FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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 filers empowered.

SIGNATURE:

*Isabelle O. Spence*

ISABELLE O. SPENCE

3/9/01

904-285 0972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)