

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033652

1. Entity Name

SPECTRUM FINANCIAL CORPORATION

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90102 044 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 501 SOUTH FLAGLER DR. SUITE 307 WEST PALM BEACH FL 33401 US | 501 SOUTH FLAGLER DR. SUITE 307 WEST PALM BEACH FL 33401-5911 US |

| | |
|--------------------------------|---------------------|
| 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 | 65-0583257 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| ESSIG, BARRY 501 SOUTH FLAGLER DR. SUITE 307 WEST PALM BEACH FL 33401 |

| | | |
|--|----|----------|
| 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 _____ (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 | |
|----------------------------|---------------------------|
| TITLE | DC |
| NAME | KOHL, SIDNEY |
| STREET ADDRESS | 305 ROYAL POINCIANA PLAZA |
| CITY-ST-ZIP | PALM BEACH FL 33480 |
| TITLE | DPS |
| NAME | ESSIG, BARRY |
| STREET ADDRESS | 312 ROYAL POINCIANA PLAZA |
| CITY-ST-ZIP | PALM BEACH FL |
| TITLE | DVP |
| NAME | JENKINS, JAMES |
| STREET ADDRESS | 305 ROYAL POINCIANA PLAZA |
| CITY-ST-ZIP | PALM BEACH FL 33480 |
| TITLE | T |
| NAME | HONEYCUTT, VIVIAN |
| STREET ADDRESS | 501 S FLAGLER DR STE 307 |
| CITY-ST-ZIP | WEST PLAM BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESSIG, BARRY |
| STREET ADDRESS | 501 SOUTH FLAGLER DRIVE, SUITE 307 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 |
| 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #