

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
 02-05-2000 90028 040 ***150.00

DOCUMENT # P97000079871

1. Entity Name

SPENCE/APFEL GROUP, INC.

Principal Place of Business

Mailing Address

**335 BAYSHORE DR
 NICEVILLE FL 32578**

**335 BAYSHORE DR
 NICEVILLE FL 32578-2424**

00016411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3482090**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**PETERMANN, RICHARD P
 25 NE WALTER MARTIN RD
 FT WALTON BEACH FL 32548**

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

TITLE **D** ☐ Delete
 NAME **APFEL, WILLIAM E**
 STREET ADDRESS **335 BAYSHORE DR**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete
 NAME **SPENCE, REBECCA B**
 STREET ADDRESS **335 BAYSHORE DR**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete
 NAME **SPENCE, W. FERROL**
 STREET ADDRESS **335 BAYSHORE DR**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete
 NAME **APFEL, MARY C**
 STREET ADDRESS **335 BAYSHORE DR**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Add
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 NAME
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 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

Feb. 3, 2000

Date

850-678-4323

Daytime Phone #