

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104179

1. Entity Name

SPELLMAN HOLDINGS CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90069 002 ***150.00

Principal Place of Business

Mailing Address

5600 POINSETTIA BLVD.

#1208

W PALM BEACH FL 33407

US

5600 POINSETTIA BLVD.

#1208

W PALM BEACH FL 33407-2658

US

2. Principal Place of Business

522 Lucerne Ave.

Suite, Apt. #, etc.

For the Worth

City & State

Florida

Zip

33400

Country

3. Mailing Address

7406 Clarke Rd

Suite, Apt. #, etc.

West Palm Beach

City & State

Florida

Zip

33406

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0801143

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L JR
500 S. AUSTRALIA AVENUE
STE. 800
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

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	PSDT	<input checked="" type="checkbox"/> Delete
NAME	SPELLMAN, WILLIAM F	
STREET ADDRESS	5600 POINSETTIA BLVD. #1208	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	SPELLMAN William	<input checked="" type="checkbox"/> Delete
NAME	522 Lucerne Avenue	
STREET ADDRESS	For the Worth	
CITY-ST-ZIP	FL 33406	
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		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 #

CR2E034 (9/99)