

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000003260**

1. Entity Name

THE SPALDING GROUP, INC.**FILED****Feb 11, 2000 8:00 am**
Secretary of State

02-11-2000 90007 004 ***150.00

Principal Place of Business 100 LAKESHORE DRIVE, L-1 NORTH PALM BEACH FL 33408	Mailing Address 100 LAKESHORE DRIVE, L-1 NORTH PALM BEACH FL 33408-3660
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2. Principal Place of Business	3. Mailing Address
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DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number **65-0804309**

Applied For

Not Applicable

Zip	Country	Zip	Country
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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****FARDIE, KENNETH W
100 LAKESHORE DRIVE, L-1
NORTH PALM BEACH FL 33408**

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	PT	<input type="checkbox"/> Delete
NAME	FARDIE, KENNETH W	
STREET ADDRESS	100 LAKESHORE DR L-1	
CITY-ST-ZIP	N. PALM BCH FL 33408	

TITLE	PT VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH FARDIE	
STREET ADDRESS	100 LAKESHORE DR. L-1	
CITY-ST-ZIP	N. PALM BEACH, FL. 33408	

TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, JAMES	
STREET ADDRESS	6301 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH FARDIE **2/3/00** **561 625 9915**

Date

Daytime Phone #