

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003260

1. Entity Name
THE SPALDING GROUP, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90079 044 ***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

C0011707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2443 FISHER ISLAND DR
Suite, Apt. #, etc.

3. Mailing Address
2443 FISHER ISLAND DR
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0804309

Applied For
Not Applicable

Zip
33109-0127

Country

Zip
33109-0127

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

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

Name
FARDIE, KENNETH
Street Address (P.O. Box Number is Not Acceptable)
2443 FISHER ISLAND DR
City
MIAMI FL Zip Code
33109-0127

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 KENNETH FARDIE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME FARDIE, KENNETH
STREET ADDRESS 100 LAKESSHORE DR. L-1
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE: *Kenneth Fardie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 305 531 7260
Date Daytime Phone #

CR2E034 (10/00)