

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90440 022 ***150.00

DOCUMENT # P98000005382

1. Entity Name
 SPELLARO, INC.

Principal Place of Business
 607 Ridge Road
 Lantana, FL 33462

Mailing Address
 607 Ridge Road
 Lantana, FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **1143**
~~65-0805518~~

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

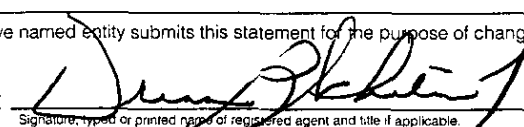
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Drennen L. Whitmire, Jr.
 500 S. Australian Avenue
 West Palm Beach, FL 33401

Name **Drennen L. Whitmire, Jr.**
 Street Address (P.O. Box Number is Not Acceptable) **450 Royal Palm Way**
Sixth Floor
 City **Palm Beach** FL Zip Code **33480**

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 **5/1/00**

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 P/D/T Delete
 NAME Daniel A. Callaro, Jr.
 STREET ADDRESS 607 Ridge Road
 CITY-ST-ZIP Lantana, FL 33462

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP/D/S Delete
 NAME William F. Spellman
 STREET ADDRESS 5600 Poinsettia Blvd., # 1208
 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE VP/D/S Change Addition
 NAME William F. Spellman
 STREET ADDRESS 7406 N. Clarke Road
 CITY-ST-ZIP Lake Clarke Shores, FL 33406

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:  VP **5/1/00** **561 252 2687**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP034 (0/99)