

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007612

1. Entity Name  
**SPILLANE & COMPANY, INC.**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90057 013 \*\*\*150.00

Principal Place of Business

1801 N.E. 4TH STREET  
SUITE 200  
BOYNTON BEACH FL 33435

Mailing Address

1801 N.E. 4TH STREET  
SUITE 200  
BOYNTON BEACH FL 33435

**B0036838**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2840 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

2840 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. FEI Number

65-0893138

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SPILLANE, MARK D

1801 N.E. 4TH STREET

STE 200

BOYNTON BEACH FL 33435

2840 NW Boca Raton Blvd

Suite 101

Boca Raton FL 33431

7. Name and Address of New Registered Agent

Name

Spillane & Company Inc.

Street Address (P.O. Box Number is Not Acceptable)

2840 NW Boca Raton Blvd

Suite 101

City

Boca Raton

FL

Zip Code

33431

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]*

Spillane & Company Inc. by Mark D Spillane 1-31-01  
as president

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SPILLANE, MARK D**  
CITY-ST-ZIP **1801 N.E. 4TH STREET-STE 200**  
**BOYNTON BEACH FL 33435** *new address*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Addition  
NAME  
STREET ADDRESS **2840 NW Boca Raton Blvd Suite 101**  
CITY-ST-ZIP **Boca Raton, FL 33431**

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

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

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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/01

561-742-1201

Date

Daytime Phone #

CR2E034 (10/00)