

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019344

1. Entity Name

STRATEGIC PROGRAM MANAGERS, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90025 020 ***150.00

Principal Place of Business 1747 INDEPENDENCE BOULEVARD UNIT E7 SARASOTA FL 34234	Mailing Address 1747 INDEPENDENCE BOULEVARD UNIT E7 SARASOTA FL 34234
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00020831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6497 Parkland Dr Suite, Apt. #, etc. G	3. Mailing Address 6497 Parkland Dr Suite, Apt. #, etc. G
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34243	Zip 34243
Country USA	Country USA

4. FEI Number 65-0897824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAUNT, NEAL D 1747 INDEPENDENCE BOULEVARD SARASOTA FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SCHNEEBECK, ROBERT W 1747 INDEPENDENCE BOULEVARD SARASOTA FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHELAN, JAMES B 1747 INDEPENDENCE BOULEVARD SARASOTA FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6497 Parkland Dr, Suite G Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHNEEBECK, ROBERT W 6497 Parkland Dr, Suite G Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6497 Parkland Dr, Suite G Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert W. Schneebeck Robert W. Schneebeck 02/21/01 (941) 753-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)