

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90007 001 ***150.00

DOCUMENT # P99000040213

1. Entity Name

SPALDING-FARDIE & ASSOCIATES, INC.

Principal Place of Business

560 VILLAGE BLVD., STE. 110
WEST PALM BEACH FL 33409

Mailing Address

560 VILLAGE BLVD., STE. 110
WEST PALM BEACH FL 33409-1963

2. Principal Place of Business

760 US HWY ONE

Suite, Apt. #, etc.

201

3. Mailing Address

760 US HWY ONE

Suite, Apt. #, etc.

201

City & State

NORTH PALM BEACH

City & State

NORTH PALM BEACH

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

OLD # 65-0131903

4. FEI Number

13-4057707

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

KENNETH FARDIE

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

760 US HWY ONE

#201

City

NORTH Palm Beach

FL

Zip Code

33408

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

2/3/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, EDWARD A	
STREET ADDRESS	70 W. MADISON, STE. 1400	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SHERRY SPALDING-FARDIE	
STREET ADDRESS	760 US HWY ONE #201	
CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

SHERRY SPALDING-FARDIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/00 561-799-7060