

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90019 041 ***150.00

DOCUMENT # P99000040213

1. Entity Name
SPALDING-FARDIE & ASSOCIATES, INC.

Principal Place of Business
 %THE HOYT CENTER
 760 U.S. HIGHWAY 1, STE. 201
 NORTH PALM BEACH FL 33408

Mailing Address
 C/O NATIONAL FINANCIAL PARTNERS
 787 7TH AVE., 49TH FLOOR
 NEW YORK NY 10019



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-4057787

Applied For
 Not Applicable

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SPALDING-FARDIE, SHERRY	
STREET ADDRESS	2443 FISHER ISLAND DR	
CITY-ST-ZIP	MIAMI FL 33109	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROSS M	
STREET ADDRESS	500 W. MADISON STE., #3650	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIESER, LORI H	
STREET ADDRESS	500 W. MADISON STE., #3650	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARDIE, KENNETH	
STREET ADDRESS	2443 FISHER ISLAND DR	
CITY-ST-ZIP	MIAMI FL 33109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director / Treasurer / Secy.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORI M. Lieser	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Hammond	
STREET ADDRESS	787 Seventh Ave, 49th Floor	
CITY-ST-ZIP	New York, NY 10019	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Becker	
STREET ADDRESS	787 Seventh Ave, 49th Floor	
CITY-ST-ZIP	New York, NY 10019	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)