

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91420 005 ***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
500 W. MADISON STE 3650
CHICAGO IL 60661



2. Principal Place of Business

2443 Fisher Island Dr.

3. Mailing Address

C/O NFP Corp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

787 Seventh Ave, 49th Fl

City & State

Miami FL

City & State

New York NY

Zip

33109-0127

Country

USA

Zip

10019

Country

USA

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
SPALDING-FARDIE, SHERRY
2443 FISHER ISLAND DR
MIAMI FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LIESER, LORI M
500 W. MADISON STE., #3650
CHICAGO IL 60661

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARDIE, KENNETH
2443 FISHER ISLAND DR
MIAMI FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HAMMOND, DOUGLAS
787 SEVENTH AVE, 49TH FLR
NEW YORK NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BECKER, LAWRENCE
787 SEVENTH AVE, 49TH FLR
NEW YORK NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LORI M. Lieser

4/22/03 312-985-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)