

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90351 002 ***150.00

DOCUMENT # P99000058182

1. Entity Name

SPYGLASS CAPITAL MANAGEMENT COMPANY

Principal Place of Business

5551 RIDGEWOOD DR. SUITE 305
 NAPLES FL 34108

Mailing Address

5551 RIDGEWOOD DR. SUITE 305
 NAPLES FL 34108

00040600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Laurel Oak Dr.

Suite, Apt. #, etc.

Suite 610

City & State

Naples, FL

Zip
 34108

Country

USA

3. Mailing Address

801 Laurel Oak Dr.

Suite, Apt. #, etc.

Suite 610

City & State

Naples, FL

Zip
 34108

Country

USA

4. FEI Number **59-3592288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRODSKY, PAUL E

5551 RIDGEWOOD DR, SUITE 305
 NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Paul E. Brodsky

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

801 Laurel Oak Drive

Suite 610

City

Naples

FL

Zip Code

34108

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)

4/20/01
 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	D	<input type="checkbox"/> Delete
NAME	BRODSKY, PAUL E	
STREET ADDRESS	5551 RIDGEWOOD DR, SUITE 305	801 Laurel Oak Dr.
CITY-ST-ZIP	NAPLES FL 34108	Suite 610
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul E. Brodsky	
STREET ADDRESS	801 Laurel Oak Dr., Ste 610	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/20/01
 Date

Daytime Phone #

CR2E034 (10/00)