

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90130 025 ***150.00

DOCUMENT # P99000058182

1. Entity Name
SPYGLASS CAPITAL MANAGEMENT COMPANY



Principal Place of Business
**801 LAUREL OAK DR. STE 610
NAPLES FL 34108**

Mailing Address
**801 LAUREL OAK DR. STE 610
NAPLES FL 34108**



2. Principal Place of Business

801 Laurel Oak Dr.

3. Mailing Address

801 Laurel Oak Dr.

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Naples, FL

City & State

Naples, FL

Zip

34108

Country

Zip

34108

Country

☐ CHECK HERE IF MAKING CHANGES

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
801 LAUREL OAK DR, STE 610
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

801 Laurel Oak Dr., Suite 700

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

TITLE **D** ☐ Delete
NAME **BRODSKY, PAUL E**
STREET ADDRESS **801 LAUREL OAK DR, STE 610**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Paul E. Brodsky**
STREET ADDRESS **801 Laurel Oak Dr., Suite 700**
CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Brodsky

1/15/03
Date

(239) 594-2747
Daytime Phone #

CR2E034 (10/02)