

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58121

1. Entity Name

MERIDIAN GALLERY, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90003 026 \*\*\*550.00

Principal Place of Business

540 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33062

Mailing Address

540 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33062

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 65-0355876

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

SPENDLOVE, REBECCA L.  
540 S. FEDERAL HWY.  
POMPANO BCH FL 33062

Name NIGEL P SPENDLOVE

Street Address (P.O. Box Number is Not Acceptable)  
540 S. FEDERAL HIGHWAY

City POMPADNO BEACH FL Zip Code 33062

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

NIGEL P. SPENDLOVE

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

(NOTE: Registered Agent signature required when reinstating)

9/12/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME SPENDLOVE, NIGEL P.  
STREET ADDRESS 540 S. FEDERAL HWY.  
CITY-ST-ZIP POMPADNO BCH FL 33062 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NIGEL P. SPENDLOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

DATE

954 781 5810

DAYTIME PHONE #

CR2E034 (5/00)