

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/16/00-90008-016-\$550.00-\$550.00

DOCUMENT # 380814

1. Entity Name

SPENCER DEVELOPMENT CORPORATION

Principal Place of Business

~~601 E CALL ST #502~~  
P.O. BOX 641  
TALLAHASSEE FL 32302

Mailing Address

~~601 E CALL ST #502~~  
P.O. BOX 641  
TALLAHASSEE FL 32302

FILED

00 AUG 18 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Cadiz Street

Suite, Apt. #, etc.

#102

City & State

Tallahassee, FL

Zip

32301

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1398483

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, CLYDE E  
2001 SARA LEE LANE  
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

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 \$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

TITLE D ☐ Delete  
NAME MILLER, SANDRA  
STREET ADDRESS 2004 SARA LEE LANE  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE CP ☐ Delete  
NAME SPENCER, CLYDE E  
STREET ADDRESS 2001 SARA LEE LANE  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE D ☐ Delete  
NAME SPENCER, SARA B.  
STREET ADDRESS 2001 SARA LEE LANE  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE PD ☐ Delete  
NAME SPENCER, W E  
STREET ADDRESS 631 EAST CALL ST. #502  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 100 Cadiz St, Suite #108  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Clyde E. Spencer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/26/00

Daytime Phone #

Clyde E. Spencer

CR2E034 (5/00)