

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90191 005 \*\*\*150.00

DOCUMENT # 568819

1. Entity Name

SPIVEY MOWER MANUFACTURERS, INC.

Principal Place of Business

3645 NORTH 50TH STREET  
TAMPA FL 33619

Mailing Address

3645 NORTH 50TH STREET  
TAMPA FL 33619-1529

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

59-1833035

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, DONALD K., SR.  
3645 NORTH 50TH STREET  
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name: DONALD K. SPIVEY, JR.  
Street Address (P.O. Box Number is Not Acceptable):  
104 Phillips Dr.  
City: Seffner, FL Zip Code: 33584

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 \$150.00  
After MAY 1, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	SPIVEY, DONALD K., SR.	
STREET ADDRESS	104 PHILLIPS DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPIVEY, HELEN L.	
STREET ADDRESS	104 PHILLIPS DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPIVEY, DONALD K., JR.	
STREET ADDRESS	104 PHILLIPS DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYAN, DONNA SPIVEY	
STREET ADDRESS	106 PHILLIPS DR.	
CITY-ST-ZIP	SEFFNER FL	
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		<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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #