

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
 03-19-2001 90492 008 \*\*\*150.00

**DOCUMENT # 629760**

1. Entity Name  
**SPENCER HOMES, INC.**

Principal Place of Business  
**6588 HIGHWAY 90**  
**MILTON FL 32570**  
**US**

Mailing Address  
**6588 HIGHWAY 90**  
**MILTON FL 32570**  
**US**

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 **59-1935630**

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

**SPENCER, W.C.**  
**6588 CAROLINE ST.**  
**MILTON FL 32570**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **P**  
 STREET ADDRESS **SPENCER, W.C.**  
 CITY-ST-ZIP **6650 PTARMINGAN DR.**  
**MILTON FL**

☐ Delete

TITLE  
 NAME **Vice President**  
 STREET ADDRESS **Collard, Suzanne S.**  
 CITY-ST-ZIP **6668 Ptarmigan Dr.**  
**Milton, FL 32570**

☐ Change ☒ Addition

TITLE  
 NAME **V**  
 STREET ADDRESS **SPENCER, C.H.**  
 CITY-ST-ZIP **6588 CAROLINE STREET**  
**MILTON FL**

☐ Delete

TITLE  
 NAME **Secretary-Treasurer**  
 STREET ADDRESS **Spencer, C. H.**  
 CITY-ST-ZIP **6588 Caroline St.**  
**Milton, FL 32570**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: W.C. Spencer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date Daytime Phone #

CR2E034 (10/00)