

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2000 8:00 am
Secretary of State

04-27-2000 90063 012 ***150.00

DOCUMENT # J71323

1. Entity Name

SPCDC DEVELOPMENTS, INC.

Principal Place of Business

227 SECOND AVENUE NORTH
 ST PETERSBURG FL 33701
 US

Mailing Address

P.O. BOX 54
 ST PETERSBURG FL 33731-0054
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2810483

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ATTY. JOSEPH A. DIVITO
4514 CENTRAL AVE.
ST. PETERSBURG FL 33711

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 \$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	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, JAMES R.	
STREET ADDRESS	4804 WINDMILL PALM TERRACE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAILEY, PAUL	
STREET ADDRESS	227 SECOND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCGUIRE, PAUL	
STREET ADDRESS	P.O. BOX 76058 N/A	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, LEANN	
STREET ADDRESS	P.O. BOX 13489	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHONS, ED	
STREET ADDRESS	17757 U.S. HWY. 19 NORTH, #660	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEWSOME, LARRY	
STREET ADDRESS	450 CARILLON PKWY, SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Bailey	
STREET ADDRESS	100 Second Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	MD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy J. McDowell	
STREET ADDRESS	227 Second Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Newsome	
STREET ADDRESS	6307 Pasadena Point Blvd.,	
CITY-ST-ZIP	Gulfport, FL 33707	

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:

Timothy J. McDowell

Timothy J. McDowell

4/21/00

(727) 895-2504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE