

2001 UNIFORM BUSINESS REPORT (UBR)

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 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

TITLE **D** ☐ Delete
NAME **GILLESPIE, JAMES R.**
STREET ADDRESS **4804 WINDMILL PALM TERRACE N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **PD** ☐ Delete
NAME **BAILEY, PAUL**
STREET ADDRESS **100 SECOND AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **MD** ☒ Delete
NAME **MCDOWELL, TIMOTHY J**
STREET ADDRESS **227 SECOND AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **ELLIOTT, LEANN**
STREET ADDRESS **P.O. BOX 13489**
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE **D** ☒ Delete
NAME **SCHONS, ED**
STREET ADDRESS **17757 U.S. HWY. 19 NORTH, #660**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VD** ☐ Delete
NAME **NEWSOME, LARRY**
STREET ADDRESS **6307 PASADENA POINT BLVD**
CITY-ST-ZIP **GULFPORT FL 33707**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **MD MALACHI C. JONES**
STREET ADDRESS **227 SECOND AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

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

TITLE ☐ Change ☒ Addition
NAME **D DENISE G. UNLEY**
STREET ADDRESS **5801 49TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE ☒ Change ☐ Addition
NAME **VD LARRY NEWSOME**
STREET ADDRESS **6798 CROSSWINDS DR., SUITE A-101**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

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:

MALACHI C JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

727-895-2504

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90937 004 ***150.00

546721



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2810483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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