

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90111 021 \*\*\*150.00

**DOCUMENT # J76946**

1. Entity Name

**T.H. SPACECOAST MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**1886 ROUTE 52  
 HOPWELL JUNCTION NY 12533**

**1886 ROUTE 52  
 HOPWELL JUNCTION NY 12533**

2. Principal Place of Business

3. Mailing Address

**2424 ROUTE 52**  
 Suite, Apt. #, etc.

**2424 ROUTE 52**  
 Suite, Apt. #, etc.

City & State  
**Hopewell Jct NY**  
 Zip  
**12533** Country  
**USA**

City & State  
**Hopewell Jct NY**  
 Zip  
**12533** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2818041**

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC TOLLMAN, STANLEY S. 1886 ROUTE 52 HOPWELL JUNCTION NY 12533</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP HUNDLEY, MONTY D. 1886 ROUTE 52 HOPWELL JUNCTION NY 12533</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS FREEDMAN, SANFORD 1886 ROUTE 52 HOPWELL JUNCTION NY 12533</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOLLMAN, BRETT G 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KENDZIERA, CRAIG 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP TOLLMAN, BRETT G. 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT STEEUWISSEN, ROBERT 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS PLEMMONS, JODIE 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)