

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51639

1. Entity Name

SPACECOAST SUPPLY CORPORATION

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90093 020 \*\*\*150.00

Principal Place of Business

Mailing Address

6625 N. ANDERSON ROAD  
BOX 20265  
TAMPA FL 33634

6625 N. ANDERSON ROAD  
TAMPA FL 33634-4401  
US

2. Principal Place of Business

3. Mailing Address

23601 HARDWOOD CT  
Suite, Apt. #, etc.

23601 HARDWOOD CT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
LUTZ FL

City & State  
LUTZ FL

4. FEI Number 59-2921943

Applied For  
Not Applicable

Zip  
33549

Country  
USA

Zip  
33549

Country  
USA

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

ROOT, DAVID W.  
6625 N. ANDERSON ROAD  
TAMPA FL 33634

Name  
GORDON, STEPHEN P.

Street Address (P.O. Box Number is Not Acceptable)

23601 HARDWOOD CT

City LUTZ FL Zip Code 33549

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 *S. Gordon Pres.* S. GORDON

3/15/00

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	D GORDON, STEPHEN P. 23601 HARDWOOD CT. LUTZ FL <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	D ROOT, DAVID W. 23635 OAKSIDEW BLVD LUTZ FL <input checked="" 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"/> 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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 #

*S. Gordon Pres.* S. GORDON

3/22/00 813-949-8542

CR2E034 (9/99)