

# 2002 UNIFORM BUSINESS REPORT (UBR)

C-21629

**DOCUMENT # L99000005259**

1. Entity Name

SPDC SUPPLY COMPANY, L.L.C.

FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATION

02 FEB 22 PM 12:36

Principal Place of Business

1921 WALDMERE STREET  
SUITE 107  
SARASOTA FL 34239

Mailing Address

1921 WALDMERE STREET  
SUITE 107  
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4316045

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA FL 34236

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**500005044105--9  
-03/05/02--01054--031  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME COVER, DOMENICK E MD  
STREET ADDRESS 1921 WALDMERE STREET STE 107  
CITY-ST-ZIP SARASOTA FL 34239TITLE MGRM ☐ Delete  
NAME SILVERSTEIN, MARK MD  
STREET ADDRESS 1921 WALDMERE STREET STE 107  
CITY-ST-ZIP SARASOTA FL 34239TITLE MGRM ☐ Delete  
NAME ZENDEL, STEPHEN MD  
STREET ADDRESS 1921 WALDMERE STREET STE 107  
CITY-ST-ZIP SARASOTA FL 34239TITLE MGRM ☐ Delete  
NAME WEBER, HERMAN MD  
STREET ADDRESS 1921 WALDMERE STREET STE 107  
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE: [Signature]

2-15-02 941-917-6447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)