

2001 UNIFORM BUSINESS REPORT (UBR)

2/28/0

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-28-2001 90108 031 ****61.25

DOCUMENT # **N40253**

1. Entity Name
SPENCER SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3591 MCCOMB LN.
BONITA SPRINGS, FL
34134**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0311053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUODOLO & ASSOCIATES, LLC DAVID
P.O. Box 2507 27657 OLD 41 RD.
BONITA SPRINGS, FL 34135-
2507**

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **SPENCER J. PETER**
CITY-ST-ZIP **3591 MCCOMB LN.
BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **SPENCER HANNELORE**
CITY-ST-ZIP **3591 MCCOMB LN.
BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **F. Spencer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-18-01

**941 /
992 9172**

CR2E037 (11/00)