

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029206

1. Entity Name

THE STACEY COMPANY

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90030 022 \*\*\*150.00

Principal Place of Business

Mailing Address

311 RAVEN ROCK  
LONGWOOD FL 32750

311 RAVEN ROCK  
LONGWOOD FL 32746-4345

2. Principal Place of Business

3. Mailing Address

1441 Shadwell Circle  
Suite, Apt. #, etc.

1441 Shadwell Circle  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Heathrow, FL

City & State  
Heathrow, FL

4. FEI Number 59-3241648

Applied For  
Not Applicable

Zip Country  
32746 USA

Zip Country  
32746 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

STACEY, RICHARD C  
311 RAVEN ROCK  
LONGWOOD FL 32750

Name

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

1441 Shadwell Circle

City

Heathrow

FL

Zip Code

32746

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

*Richard C Stacey*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-00

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 D  
NAME STACEY, RICHARD C  
STREET ADDRESS 311 RAVEN ROCK  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #

3-14-00 407-333-8131

CR2E034 (9/99)