

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00764

1. Entity Name

SPENCER & ASSOCIATES, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90040 004 \*\*\*150.00

Principal Place of Business

719 GARDEN ST.  
TITUSVILLE FL 32796  
US

Mailing Address

P.O. BOX 548  
MELBOURNE FL 32902-0548  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2606

Suite, Apt. #, etc.

City & State

City & State  
Titusville, FL

4. FEI Number 59-3032593

Applied For  
Not Applicable

Zip

Country

Zip

32781-2606

Country

US

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

SPENCER, EARL, JR.

719 GARDEN ST.

TITUSVILLE FL 32901

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 PD  
NAME SPENCER, EARL, JR.  
STREET ADDRESS 7196 GARDEN ST.  
CITY-ST-ZIP TITUSVILLE FL ☐ Delete

TITLE Chariman of the Board ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME SPENCER, CATHERINE M.  
STREET ADDRESS 719 GARDEN ST.  
CITY-ST-ZIP TITUSVILLE FL ☐ Delete

TITLE President ☐ Change ☒ Addition  
NAME F. Gregory Spencer  
STREET ADDRESS 719 Garden Street  
CITY-ST-ZIP Titusville, FL 32796

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Catherine M. Spencer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine M. Spencer 03/24/00

321-267-0551

Date

Daytime Phone #

CR20034 (9/99)