

ORIGINAL

050186-TC

5 47 MAR 21 2013

RECEIVED-PPSC

5 MAR 21 AM 9:13

COMMISSION
CLERK

1. Name of company or name of individual (not fictitious name or d/b/a):

Robert W. Pugh

2. Name under which applicant will do business (fictitious name, etc.):

Spacecoast RV Resort

3. Official mailing address:

Street: 820 Barnes Blvd.

P.O. Box: _____

City: Rockledge

State: Florida

Zip: 32955

4. Florida address:

Street: 820 Barnes Blvd

P.O. Box: _____

City: Rockledge

State: Florida

Zip: 32955

5. Structure of organization:

CMP _____ Individual

COM _____ Corporation

CTR _____ General Partnership

ECR _____ Limited Partnership

GCL _____ Other: _____

OPC _____ Other: _____

MMS 6 If incorporated in Florida, provide proof of authority to operate in Florida:

RCA _____ Florida Secretary of State

SCR _____ Corporate Registration Number: _____

SEC 1

OTH _____