

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05109

1. Entity Name

NATIONAL MANAGEMENT ASSOCIATION, UNITED SPACE AL

Principal Place of Business

8550 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920
US

Mailing Address

8550 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920-4304
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2496052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHOURY, KALLIOPE
UNITED SPACE ALLIANCE
8550 ASTRONAUT BLVD, M/C USK-N35
CAPE CANAVERAL FL 32920-4304

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 \$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

TITLE D ☐ Delete
NAME DAVIS, BARBARA
STREET ADDRESS 8550 ASTRONAUT BLVD, M/C USK-197
CITY-ST-ZIP CAPE CANAVERAL FL 32920-4304

TITLE D ☒ Delete
NAME SUSANECK, MORRIS
STREET ADDRESS 8550 ASTRONAUT BLVD, MC USK-284
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☐ Delete
NAME CLIFTON, THERESA
STREET ADDRESS 8550 ASTRONAUT BLVD, M/C USK-N94
CITY-ST-ZIP CAPE CANAVERAL FL 32920-4304

TITLE D ☒ Delete
NAME STEVENS, ALFRED
STREET ADDRESS 8550 ASTRONAUT BLVD, MC USK-291
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME MANDELL, BARNETT
STREET ADDRESS 8550 ASTRONAUT BLVD, MC USK-306
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90195 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)