2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 91104 050 ****61.25

DOCUMENT # N05109

1. Entity Name

NATIONAL MANAGEMENT ASSOCIATION, UNITED SPACE AL

Principal Place of Business	Mailing Address
8550 ASTRONAUT BLVD CAPE CANAVERAL FL 32920 US	8550 ASTRONAUT BLVD CAPE CANAVERAL FL 32920 US

DO NOT WRITE IN THIS SPACE

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 59-2496052 ☐ Applied For ☐ Not Applicable

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
KHOURY, KALLIOPE UNITED SPACE ALLIANCE 8550 ASTRONAUT BLVD, M/C USK-N35 CAPE CANAVERAL FL 32920-4304	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, BARBARA 8550 ASTRONAUT BLVD, M/C USK-197 CAPE CANAVERAL FL 32920-4304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D<br~~BARNETT~~, MANDELL, BARNETT 8550 ASTRONAUT BLVD, MC USK-~~284~~ 306 CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MANDELL, BARNETT MC USK-306
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLIFTON, THERESA 8550 ASTRONAUT BLVD, M/C USK-N94 CAPE CANAVERAL FL 32920-4304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~[illegible] ROBERTSON, DARRYL~~ ~~8550 ASTRONAUT BLVD, MC USK-613~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D ROBERTSON, DARRYL 8550 ASTRONAUT BLVD, MC USK-613 CAPE CANAVERAL FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E037 (10/00)

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: Barnett Mandell 4-25-01 321 861-6743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARNETT MANDELL