2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # **N18171** 1. Entity Name 02-26-2002 90069 006 ****61.25 SPACE COAST MUSTANG CLUB, INC. Principal Place of Business Mailing Address P O BOX 867 P O BOX 867 **COCOA FL 32923** COCOA FL 32923 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3092439 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCAURY Street Address (P.O. Box Number is Not Acceptable) 3437 ETRY Tee Drive F KINNAIRD, STEVEN A 1002 SLOCUM STREET N.W. PALM BAY FL 32907-7723 Zip Code Melbourne 90 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE CAddition Change MEAUCY NAME KINNAIRD, STEVEN A NAME 3437 JAY TEE Drive STREET ADDRESS 1002 SLOCUM ST. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Melbourue, 7/4 32901 PALM BAY FL 32907-7723 Delete TITLE Addition Change Fred Cardone NAME TURNER, DAVID NAME STREET ADDRESS 110 MIDWAY CT STREET ADDRESS CITY-ST-ZIP CITY²ST²ZIP SEBASTIAN FL. 32958 32920 TITLE ☐ Delete TITLE Change Addition NAME HEBER, CONNIE NAME 583 Empire Aue N.E. STREET ADDRESS STREET ADDRESS 508 TEAL DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** Delete TITLE VP TITLE Addition NAME **ELLIOTT, CHARLES** NAME 511 SUSAN Drive STREET ADDRESS STREET ADDRESS 1555 VEGA AVE CITY-ST-7IP CITY-ST-ZIP w. Melbourne, Fla 32904 MERRITT ISLAND FL 32953 TITLE ☐ Delete TITLE ☐ Addition NAME REDDICK, RESA NAME STREET ADDRESS STREET ADDRESS 625 JACKSON CT CITY-ST-ZIP CITY-ST-ZIP <u>Satellite Beach FL 32937</u> TITLE ☐ Delete TITLE Change ☐ Addition OSTOVICH, TED NAME NAME STREET ADDRESS STREET ADDRESS 216 WATERSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOR BCH FL 32937 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

FILED