

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90151 042 ****61.25

DOCUMENT # N18171

1. Entity Name

SPACE COAST MUSTANG CLUB, INC.



Principal Place of Business

P O BOX 867
COCOA FL 32923

Mailing Address

P O BOX 867
COCOA FL 32923

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 **59-3092439**

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

JOHN, MCAVEY
3437 JAY TEE DRIVE
MELBOURNE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John McAvey

(NOTE: Registered Agent signature required when reinstating)

1/11/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JOHN, MCAVEY**
STREET ADDRESS **3437 JAY TEE DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32901**

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

TITLE **D** ☒ Delete
NAME **FRED, CARDONE**
STREET ADDRESS **203 JEFFERSON AVE**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **D** ☒ Change ☐ Addition
NAME **Burke Justice**
STREET ADDRESS **6480 Flamingo Rd**
CITY-ST-ZIP **Melbourne Village FL 32904**

TITLE **T** ☐ Delete
NAME **HEBER, CONNIE**
STREET ADDRESS **583 EMPIRE AVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **V** ☒ Delete
NAME **JIM, CARLTON**
STREET ADDRESS **511 SUSAN DR**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **V** ☒ Change ☐ Addition
NAME **Steve Little**
STREET ADDRESS **992 Kings Post Rd**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **D** ☐ Delete
NAME **REDDICK, RESA**
STREET ADDRESS **625 JACKSON CT**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

TITLE **S** ☐ Delete
NAME **OSTOVICH, TED**
STREET ADDRESS **216 WATERSIDE DRIVE**
CITY-ST-ZIP **INDIAN HARBOR BCH FL 32937**

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:

John McAvey

1/11/2003 321-795-7730

CR2E037 (10/02)