

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90046 043 ****61.25

DOCUMENT # N96000005463

1. Entity Name

SPACE COAST CREW BOOSTERS, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 372252
 SATELLITE BEACH FL 32937-0252

P.O. BOX 372252
 SATELLITE BEACH FL 32937-0252

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3400552**

Applied For
 Not Applicable

Zip Country

Zip Country

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

ROBERTS, RAYMOND J
490 SANDPIPER DR
SATELLITE BEACH FL 32937

Name **Arthur C. Topp**
 Street Address (P.O. Box Number is Not Acceptable)
3365 Kent Dr.
Melbourne, FL 32935
 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 *Arthur C. Topp*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-13-02

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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, RAYMOND	
STREET ADDRESS	490 SANDPIPER DR	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, ALFONSO	
STREET ADDRESS	665 SEVILLE CT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	OBERG, BONNIE	
STREET ADDRESS	3274 ELM TER	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	GREGOR, LOUISE	
STREET ADDRESS	3355 FT SUMTER ST	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOULD, DETRA	
STREET ADDRESS	127 OCEAN BV	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR C. TOPP	
STREET ADDRESS	3365 KENT DRIVE	
CITY-ST-ZIP	MELBOURNE, FLA. 32935	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY D. REHWOLDT	
STREET ADDRESS	670 GRANT CT	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE J. TOPP	
STREET ADDRESS	3365 KENT DR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOR, LOUISE	
STREET ADDRESS	3355 FT. SUMTER ST	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaRoche, Myra	
STREET ADDRESS	504 Carriage Rd.	
CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arthur C. Topp*

3-13-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)