

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

0004239

08-06-2001 90005 020 \*\*\*\*61.25

**DOCUMENT # 709986**  
 1. Entity Name  
**THE BOEING SPACE COAST CHAPTER OF THE NATIONAL M**

Principal Place of Business      Mailing Address  
**KENNEDY SPACE CENTER**      **KENNEDY SPACE CENTER**  
**P.O. BOX 21014**      **P.O. BOX 21014**  
**KENNEDY SPACE CENTER FL 32815**      **KENNEDY SPACE CENTER FL 32815**



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 **59-6196150**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALSH, MARY**  
**4291 PONDS DR**  
**COCOA FL 32927**

7. Name and Address of New Registered Agent  
 Name **FINEBERG, LARRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1850 LONGLEAF ROAD**  
 City **COCOA**      FL      Zip Code **32926**

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      DATE **7/20/01**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.       Added to Fees  
**CAPE CANAVERAL**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KENNETH	
STREET ADDRESS	1734 SOUTH PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WALSH, MARY	
STREET ADDRESS	4291 PONDS DRIVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARBOUR, JEFFREY	
STREET ADDRESS	2564 DEMARET DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SHARP, DARLA	
STREET ADDRESS	2505 MARLOWE PLACE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP/DG OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REHAGEN, RONALD	
STREET ADDRESS	301 CRAFT AVENUE	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUETHER, JACOB	
STREET ADDRESS	3961 HUNTERS RIDGE WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32796-1955	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINEBERG, LARRY	
STREET ADDRESS	1850 LONGLEAF ROAD	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, COLEEN	
STREET ADDRESS	201 INTERNATIONAL DRIVE #201	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920 #511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:      SIGNATURE REQUIRED BY FINEBERG 7/20/01 (321) 861-4563

CR2E037 (5/01)