

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90008 046 ****61.25

0003695

DOCUMENT # 717511

1. Entity Name
SPACE COAST DEVELOPMENT COMMISSION, INC.

Principal Place of Business
**2000 S. WASHINGTON AVE.
 SUITE 2
 TITUSVILLE FL 32780**

Mailing Address
**2000 S. WASHINGTON AVE.
 SUITE 2
 TITUSVILLE FL 32780**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

00058855



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1293802** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TELFER, ROBERT
 815 SOUTH WASHINGTON AVENUE
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent
 Name **Walt Johnson**
 Street Address (P.O. Box Number is Not Acceptable) **2000 S. Washington Avenue #2**
 City **Titusville** FL Zip Code **32780**

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 *Walt Johnson*
 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
 After September 12, 2001, min. will be \$236.25

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	TD MATRONI, ALAN P O BOX 3767 N/A COCOA FL 32924 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rick Barnes PO BOX 2847 N/A Titusville FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELFER, ROBERT P.O. DRAWER 6310 G/ 815 S. WASHINGTON AVE TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect (PE) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Butcher PO Box 2804 N/A Titusville FL 32781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED BARNETT, RITA P O BOX 2847 N/A TITUSVILLE FL 32781-2847 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition W.C. Van Engelenburg 1523 Mallard Court Titusville FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, EARL P.O. BOX 2606/ 719 GARDEN ST. TITUSVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (SD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan Casey PO Box 267 Cape Canaveral FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARNES, RICK P.O. BOX 2847 N/A TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Regina Denbreink 1849 Cheney Hwy Titusville FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/12/01

(321) 219-3221

CR2E037 (5/01)