## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#717511** 

Entity Name: SPACE COAST DEVELOPMENT COMMISSION, INC.

Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2000 S. WASHINGTON AVE. SUITE 2

TITUSVILLE, FL 32780

**New Mailing Address: Current Mailing Address:** 

2000 S. WASHINGTON AVE. SUITE 2 TITUSVILLE, FL 32780

FEI Number: 59-1293802 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, WALT 2000 S WASHINGTON AVE TITUSVILLE, FL 32780 US

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

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MATRONI, ALAN CHIVERS, WILLIAM Name: Name: P O BOX 3767 N/A Address: 6285 VECTORSPACE BLVD Address: City-St-Zip: COCOA, FL 32924 City-St-Zip: TITUSVILLE, FL 32780

Title: PD () Delete Title: (X) Change ( ) Addition

Name: TELFER, ROBERT Name: BUTCHER, WILLIAM H

Address: P.O. DRAWER 6310 G/ 815 S. WASHINGTON AVE Address: PO BOX 2804 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32781

Title: PED () Delete Title: PED (X) Change ( ) Addition BARNETT, RITA Name: VANENGELENBURG, W. C. Name:

Address: P O BOX 2847 N/A Address: 1523 MALLARD CT City-St-Zip: TITUSVILLE, FL 327812847 City-St-Zip: TITUSVILLE, FL 32780

(X) Change ( ) Addition Title: SD ( ) Delete Title: SD

SPENCER, EARL Name: Name: RICE, WOODY P.O. BOX 2606/719 GARDEN ST. 5195 S WASHINGTON AVE Address: Address:

City-St-Zip: TITUSVILLE, FL City-St-Zip: TITUSVILLE, FL 32780

Title: VPD () Delete Title: (X) Change ( ) Addition BARNES, RICK COSSEY, SUSAN Name: Name: P.O. BOX 2847 N/A PO BOX 267 Address: Address:

CAPE CANAVERAL, FL 32920 City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. BUTCHER PD 04/25/2002