

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719778

1. Entity Name

SPACE PORT CHAPTER OF THE NINETY-NINES, INC.

Principal Place of Business

3706 MILITIA DR
TITUSVILLE FL 32796-573
US

Mailing Address

3706 MILITIA DR
TITUSVILLE FL 32796-1573
US

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

59-1951916

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

GOSLING, CAROL A
3706 MILITIA DR
TITUSVILLE FL 32796-1573

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.

SIGNATURE

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

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 D ☐ Delete
NAME MCREYNOLDS, NORMA L.
STREET ADDRESS 818 PALM GROVE CT.
CITY-ST-ZIP SO. DAYTONA FL

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

TITLE D ☐ Delete
NAME LASHER, BARBARA
STREET ADDRESS 2289 COX ROAD
CITY-ST-ZIP COCOA FL

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

TITLE D ☐ Delete
NAME STAUDT, LAURA C.
STREET ADDRESS 4857 CASABA PLACE
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME BEERS, CLYDIA L.
STREET ADDRESS 925 N. HALIFAX AVE #501
CITY-ST-ZIP DAYTONA BCH. FL

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

TITLE DT ☐ Delete
NAME GOSLING, CAROL A.
STREET ADDRESS 3706 MILITIA DRIVE
CITY-ST-ZIP TITUSVILLE FL

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

TITLE S ☐ Delete
NAME BISHOP, ELIZABETH
STREET ADDRESS 230 HICKORY AVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25/2000

Date

(321)-268-8087
Daytime Phone #

CR2E037 (9/99)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90013 019 ****61.25



DO NOT WRITE IN THIS SPACE