

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90572 033 ****61.25

DOCUMENT # 719778

1. Entity Name

SPACE PORT CHAPTER OF THE NINETY-NINES, INC.

Principal Place of Business

Mailing Address

**3706 MILITIA DR
 TITUSVILLE FL 32796-573
 US**

**3706 MILITIA DR
 TITUSVILLE FL 32796-573
 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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **OSTER, JULIE D**
 CITY-ST-ZIP **111 E KING STREET
 ORLANDO FL 32806**

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **SHEAWOOD, LAURAC.**
 CITY-ST-ZIP **9547 DU BOIS BLVD
 ORLANDO FL 32825**

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

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

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

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **BISHOP, ELIZABETH**
 CITY-ST-ZIP **230 HICKORY AVE
 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:

Carmita B. Bishop
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23/2001
 Date

321-268-8087
 Daytime Phone #

CR2E037 (9/01)