

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90110 001 \*\*\*\*61.25

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DOCUMENT # 738718

1. Entity Name

TITUSVILLE CORVETTE CLUB, INC.

Principal Place of Business

Mailing Address

4005 GROVEWOOD LANE  
TITUSVILLE FL 32780  
US

P. O. BOX 3036  
TITUSVILLE FL 32781-3036  
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

59-1743414

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

PARKER, CHARLES  
4005 GROVEWOOD LANE  
TITUSVILLE FL 32780

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 PD  
NAME PARKER, CHARLES  
STREET ADDRESS 4005 GROVEWOOD LANE  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

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

TITLE VD  
NAME WILLIAMS, RUSTY  
STREET ADDRESS 3365 MELODY LN  
CITY-ST-ZIP TITUSVILLE FL 32796 ☒ Delete

TITLE T/D  
NAME PARKER, YVONNE  
STREET ADDRESS 4005 GROVEWOOD LANE  
CITY-ST-ZIP TITUSVILLE, FL 32780 ☐ Change ☒ Addition

TITLE TD  
NAME MAAS, HENRY  
STREET ADDRESS 5095 RIVEREDGE DR  
CITY-ST-ZIP TITUSVILLE FL 32780 ☒ Delete

TITLE S/D  
NAME GAY, MARCELLA  
STREET ADDRESS 463 G WAVA AVE.  
CITY-ST-ZIP TITUSVILLE, FL 32796 ☐ Change ☒ Addition

TITLE SD  
NAME GRISSOM, TOBY  
STREET ADDRESS 9500 HICKORY HILL BLVD  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE VD  
NAME GRISSOM, TOBY  
STREET ADDRESS 4500 HICKORY HILL BLVD  
CITY-ST-ZIP TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Charles D. Parker* 02/07/2002 321-268-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)