

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90136 004 \*\*\*\*70.00

DOCUMENT # N00000000706

1. Entity Name

FLORIDA SPACE RESEARCH INSTITUTE, INC.

Principal Place of Business

% SPACEPORT FLORIDA AUTHORITY  
100 SPACEPORT WAY  
CAPE CANAVERAL FL 32920

Mailing Address

% SPACEPORT FLORIDA AUTHORITY  
100 SPACEPORT WAY  
CAPE CANAVERAL FL 32920

2. Principal Place of Business

Florida Space Research Inst.

Suite, Apt. #, etc.

Bldg. M6-306, State Road 405

City & State

Kennedy Space Ctr., FL 32899

Zip

Country

32899 USA

3. Mailing Address

Florida Space Research Inst.

Suite, Apt. #, etc.

Bldg. M6-306, State Road 405

City & State

Kennedy Space Ctr., FL 32899

Zip

Country

32899 USA

4. FEI Number

59-3692513

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLEGOOD, EDWARD

% SPACEPORT FLORIDA AUTHORITY  
100 SPACEPORT WAY  
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name  
Samuel T. Durrance, Ph.D.

Street Address (P.O. Box Number is Not Acceptable)  
Florida Space Research Institute

Bldg. M6-306, State Road 405

City  
Kennedy Space Center, FL Zip Code  
32899

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.

Samuel T. Durrance, Ph.D.  
Executive Director

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN 390 N. ORANGE AVENUE, SUITE 1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KEVIN 1311 N. HIGHWAY US-1 TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRON, JOHN P.O. BOX 273 CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKINS, PENNY 13101 RACHAEL BLVD. ALACHUA FL 32616-0459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELNICK, BRUCE P.O. BOX 21233 KENNEDY SPACE CENTER FL 32815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYER, JERRY MAIL CODE BIO-3 KENNEDY SPACE CENTER FL 32899	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winston "Bud" Gardner, Jr. 1717 South Orange Avenue - Suite 300 Orlando, Florida 32806-2953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

Samuel T. Durrance, Ph.D. Executive Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/00)