

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90035 020 \*\*\*\*70.00

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**DOCUMENT # N00000001017**

1. Entity Name

**THE FLORIDA TECHNOLOGICAL RESEARCH AND DEVELOPMENT FOUNDATION, INC.**

Principal Place of Business

5195 S. WASHINGTON AVE.  
TITUSVILLE FL 32780

Mailing Address

5195 S. WASHINGTON AVE.  
TITUSVILLE FL 32780

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

59-3655421

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KINNEY, FRANK**  
**5195 S. WASHINGTON AVE.**  
**TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name Peters, Michelle

Street Address (P.O. Box Number is Not Acceptable)

5195 S. Washington Ave.

City Titusville

FL

Zip Code 32780

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

Michelle K. Peters, Executive Director  
*Technological Research & Development Foundation*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Feb. 1, 2002

**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 CD ☐ Delete  
NAME BROWER, RON  
STREET ADDRESS 5195 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VCD ☐ Delete  
NAME MCKAY, JESSE  
STREET ADDRESS 9951 ATLANTIC BLVD. SUITE 120  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE STD ☐ Delete  
NAME SPENCER, JUDY  
STREET ADDRESS 712 FLORIDA AVENUE  
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

Michelle K. Peters

2/1/2002

321-269-6330

CR2E037 (9/01)