

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90020 025 ****61.25

0026082

DOCUMENT # N00000004804

1. Entity Name

SPACE COAST MODEL TRAIN CLUB, INC.

Principal Place of Business

Mailing Address

**3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931**

**3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931**

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

59-3668884

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

**SMILEY, ROBERT J
 3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931**

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 PETILLO, VIC ☐ Delete
 STREET ADDRESS 834 CRTON ROAD
 CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE VD
 NAME KLEIN, DAVID ☐ Delete
 STREET ADDRESS 200 S. BANANA RIVER BLVD., #301
 CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE SD
 NAME SMILEY, ROBERT ☐ Delete
 STREET ADDRESS 3170 N. ATLANTIC AVENUE, #313
 CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE TD
 NAME ROBINSON, BOB ☐ Delete
 STREET ADDRESS 1765 NASSAU STREET
 CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *Robert J Smiley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 321-799-9246
 Date Daytime Phone #

CR2E037 (10/00)