

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90087 010 ****70.00

DOCUMENT # N17021

1. Corporation Name

FLORIDA SPACE BUSINESS ROUNDTABLE, INC.

Principal Place of Business

**3440 SUNSET RIDGE DR
MERRITT ISLAND FL 32952**

Mailing Address

**P.O. BOX 273
CAPE CANAVERAL FL 32920**



2. Principal Place of Business

21 400 Fortenberry Rd.

2a. Mailing Address

26 P.O. Box 273

3. Date Incorporated or Qualified

09/26/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2848680

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

23 Merritt Island, FL.

28 Cape Canaveral, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32952

25 USA

29 32920

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, BYRD E., JR.
201 E PINE ST
S1200
ORLANDO FL 32802**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDC** ☒ DELETE
NAME **ROSE, JAMES T.**
STREET ADDRESS **3440 SUNSET RIDGE DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

1.1 TITLE **PDC** ☒ Change ☐ Addition
1.2 NAME **Gardner, Winston**
1.3 STREET ADDRESS **874 Dixon Blvd.**
1.4 CITY-ST-ZIP **Cocoa, FL 32922-5809** ☐ Change ☐ Addition

TITLE **VDVC** ☐ DELETE
NAME **BYRON, JOHN L.**
STREET ADDRESS **158 ST. CROIX AVENUE**
CITY-ST-ZIP **COCOA BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **MITCHELL, VARNES JR.**
STREET ADDRESS **580 NIGHTINGALE DR**
CITY-ST-ZIP **INDIALANTIC FL**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Brandow, Heidi**
3.3 STREET ADDRESS **400 Fortenberry Rd.**
3.4 CITY-ST-ZIP **Merritt Island, FL 32952** ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **BRANDOW, HEIDI**
STREET ADDRESS **400 FORTENBERRY RD.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (407) 459-2200

CR2E037 (11/98)