

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90883 032 \*\*\*\*70.00

DOCUMENT # **N17021**

1. Entity Name

**E Central Fla. Space Business Roundtable, Inc**  
**Florida**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**P.O. Box 273**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 273**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Cape Canaveral, Florida**

City & State

**Cape Canaveral, Florida**

4. FEI Number

**59-2848680**

Applied For

Not Applicable

Zip

**32920**

Country

**USA**

Zip

**32920**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25  
Initial or Amended UBR**

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

**Chairman  
Winston Gardner  
874 Dixon Blvd  
Cocoa, Florida 32922**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**Vice-Chairman  
Dale Ketcham  
8910 Astronaut Blvd  
Cape Canaveral, FL 32920-3305**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**Secretary / Treasurer  
Heidi Brandon  
400 Fortenberry Rd  
Merritt Island, Florida 32952**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Winston Gardner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/02**

Daytime Phone #

**321-452-7466**

CR2E037B (12/01)