

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # N19552

2-29-00

1. Entity Name

NASA KENNEDY SPACE CENTER MANAGEMENT ASSOCIATION

FILED
Jun 27, 2000 8:00 am
Secretary of State

04-03-2000 90120 049 ****61.25

Principal Place of Business P. O. BOX 21064 KSC FL 32815	Mailing Address P. O. BOX 21064 KSC FL 32815-0064
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2. Principal Place of Business Kennedy Space Center Suite, Apt. #, etc.	3. Mailing Address P.O. Box 21064 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Kenny Space Center, FL	City & State	4. FEI Number 59-2861623	Applied For <input type="checkbox"/> Not Applicable
Zip 32899	Country Brevard	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEL VASCO, NICOLE J NASA JOHN F KENNEDY SPACE CTR MAIL CODE: GG-B-B KENNEDY SPACE CENTER FL 32899	7. Name and Address of New Registered Agent Name Connie J. Dobrin Street Address (P.O. Box Number is Not Acceptable) Mail Code: LO P51-I 100 Riverside Drive, #406, Cocoa, FL 32922 City Cocoa, FL Zip Code 32922
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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 *Connie J. Dobrin* DATE *6/12/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, ANN MAIL CODE: LO KSC FL 32899 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, ANN MAIL CODE: EC KENNEDY SPACE CENTER, FL 32899 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, NAPOLEON MAIL CODE: GG KSC FL 32899 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL NAPOLEON MAIL CODE: GG KENNEDY SPACE CENTER, FL 32899 SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MIGUEL MAIL CODE NN-M KSC FL 32899 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MIGUEL MAIL CODE: CHS 022 KENNEDY SPACE CENTER, FL 32899 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROMER, VANESSA MAIL CODE FF KSC FL 32899 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTGOMERY, ANN MAIL CODE: EC KENNEDY SPACE CENTER, FL 32899 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, WILLIAM MAIL CODE MM-G3 KSC FL 32899 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERRON, BOB MAIL CODE: EC-E KENNEDY SPACE CENTER, FL 32899 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEEVESCO, NICOLE MAIL CODE: GG-B-B KSC FL 32899 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOBRIN, CONNIE L. MAIL CODE: LO-P51-I KENNEDY SPACE CENTER, FL 32899 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *Connie J. Dobrin* DATE: *7-29-00* DAYTIME PHONE: *321-861-5317*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)