

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90086 047 ****61.25

DOCUMENT # N26001

1. Entity Name

SPACE COAST REGION, ANTIQUE AUTOMOBILE CLUB OF A

Principal Place of Business

Mailing Address

2121 SO HOPKINS AVE.
TITUSVILLE FL 32780
US

P.O. BOX 5837
TITUSVILLE FL 32783-5837
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2961610

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRED MOATS
1018 ALBIN ST
COCOA FL 32927

Name **DON BOSHARA**
Street Address (P.O. Box Number is Not Acceptable)

3825 COTTONWOOD DRIVE

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

Don Boshara **DON BOSHARA, Treasurer Director 3-3-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF 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	<input type="checkbox"/> Delete
NAME	LACOY, JIM	
STREET ADDRESS	102 S. SINGLETON	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANGOLD, KEN	
STREET ADDRESS	4870 CATHEDRAL WAY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input type="checkbox"/> Delete
NAME	LACOY, ALICE	
STREET ADDRESS	102 S. SINGLETON	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DON BOSHARA	
STREET ADDRESS	3825 COTTONWOOD DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD EARLES	
STREET ADDRESS	4037 FAIRFAX RD	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRED MOATS	
STREET ADDRESS	1018 ALBIN ST	
CITY-ST-ZIP	COCOA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOYD LEE DODD	
STREET ADDRESS	1785 COWAN DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	

CR2E037 (9/99)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

321-268-3384

Date

Daytime Phone #