

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26001

1. Entity Name

SPACE COAST REGION, ANTIQUE AUTOMOBILE CLUB OF A

Principal Place of Business

2121 SO HOPKINS AVE.
TITUSVILLE FL 32780
US

Mailing Address

P.O. BOX 5837
TITUSVILLE FL 32783
US

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

BOSHARA, DON
3825 COTTONWOOD DRIVE
TITUSVILLE FL 32780

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	NAME	TITLE	NAME		
PD	LACOY, JIM	PD	KENNETH MANGOLD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	102 S. SINGLETON	STREET ADDRESS	2605 TOUPS TR		
CITY-ST-ZIP	TITUSVILLE FL 32796	CITY-ST-ZIP	TITUSVILLE FL 32780		
VD	MANGOLD, KEN	VD	MICHAEL CUNNINGHAM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	4870 CATHEDRAL WAY	STREET ADDRESS	2495 CHERRYWOOD LN		
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP	TITUSVILLE FL 32780		
S	LACOY, ALICE	S	JILL MANGOLD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	102 S. SINGLETON	STREET ADDRESS	2605 TOUPS TR		
CITY-ST-ZIP	TITUSVILLE FL 32796	CITY-ST-ZIP	TITUSVILLE FL 32780		
TD	DON BOSHARA	TD		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3825 COTTONWOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP			
D	HOWARD EARLES	D		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4037 FAIRFAX RD	STREET ADDRESS			
CITY-ST-ZIP	MIMS FL	CITY-ST-ZIP			
D	DODD, FLOYD L	D		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1785 COWAN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32796	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: *D. BOSHARA, SECRETARY, TITUSVILLE, FL 32780*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90226 029 ****61.25

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DO NOT WRITE IN THIS SPACE

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