

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49992

1. Entity Name

SPACE COAST THUNDERBIRD CLUB, INC.

Principal Place of Business

Mailing Address

319 EIGHTH AVE  
INDIAN LANTIC FL 32903  
US

319 EIGHTH AVE  
INDIAN LANTIC FL 32903-4357  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3125080

Applied For

Not Applicable

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

STEWART, CLELL  
319 EIGHTH AVE  
INDIAN LANTIC FL 32903

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 CLELL STEWART, SECRETARY/TREASURER Clell Stewart 4-2-00

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 VP  
NAME WATTS, EILEEN  
STREET ADDRESS 1 OCEAN WEST BLVD #9A4  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 ☐ Delete

TITLE ST  
NAME STEWART, CLELL  
STREET ADDRESS 319 8TH AVE  
CITY-ST-ZIP INDIAN LANTIC FL 32903 ☐ Delete

TITLE BOD  
NAME MOORCROFT, PATRICIA A  
STREET ADDRESS 606 QUEENSBRIDGE DR  
CITY-ST-ZIP LAKE MARY FL 31746 ☒ Delete

TITLE BOD  
NAME SMITH, STEVE  
STREET ADDRESS 855 CANAL ST  
CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE DOD  
NAME WATTS, DAN  
STREET ADDRESS 1 OCEAN WEST BLVD #9A4  
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 ☐ Delete

TITLE P  
NAME SKOV, IRV  
STREET ADDRESS 937 BUFORD ST. NE  
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE VP  
NAME MOORCROFT, PATRICIA A  
STREET ADDRESS 606 QUEENSBRIDGE DR  
CITY-ST-ZIP LAKE MARY, FL 31746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BOD  
NAME WARD, ED  
STREET ADDRESS 496 PEDAL RD  
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Change ☒ Addition

TITLE BOD  
NAME WATTS, EILEEN  
STREET ADDRESS 1 OCEAN WEST BLVD #9A4  
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: CLELL STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLELL STEWART 4-2-00

Date

Daytime Phone #

FILED  
Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90071 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

407-725-1944