

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90002 040 ****70.00

DOCUMENT # N94000000934

1. Entity Name

SPACEPORT ROTARY CLUB, INC.

Principal Place of Business

POST OFFICE BOX 6802
 TITUSVILLE FL 32782-6802

Mailing Address

POST OFFICE BOX 6802
 TITUSVILLE FL 32782-6802

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3150316

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, FRANK J JR.
1970 MICHIGAN AVENUE
BUILDING E
COCOA FL 32922

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **GREENE, GREG**
 STREET ADDRESS **PO BOX 353**
 CITY-ST-ZIP **MIMS FL 32754-0353**

TITLE **S** ☐ Delete
 NAME **DENSON, TODD**
 STREET ADDRESS **2191 GARDEN ST**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **D** ☐ Delete
 NAME **SMITH, ROBERT**
 STREET ADDRESS **1231 GARDEN ST**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **D** ☐ Delete
 NAME **NIX, TERRY**
 STREET ADDRESS **309 LAGRANGE AVE**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/PRES. DIRECTOR** ☐ Change ☒ Addition
 NAME **LOVE, WARD**
 STREET ADDRESS **526 POINSETTIA DR. Titusville FL.**
 CITY-ST-ZIP **32796**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **SEDR, PAUL**
 STREET ADDRESS **5195 S. Washington Ave. Titusville FL.**
 CITY-ST-ZIP **32780**

TITLE **TREASURER/DIRECTOR** ☐ Change ☒ Addition
 NAME **TIM FIELDS**
 STREET ADDRESS **719 GARDEN ST. Titusville FL.**
 CITY-ST-ZIP **32780**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **DRENNON, JAKE**
 STREET ADDRESS **P.O. Box 1718 Titusville FL.**
 CITY-ST-ZIP **32780**

TITLE **DIRECTOR/SERGEANT** ☐ Change ☐ Addition
 NAME **TELFER, ROBERT**
 STREET ADDRESS **815 S. Washington Ave Titusville, FL.**
 CITY-ST-ZIP **32780**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 is 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:

Todd Denson **REQUIRED** **Denson**

5/29/01

CR2E037 (10/00)