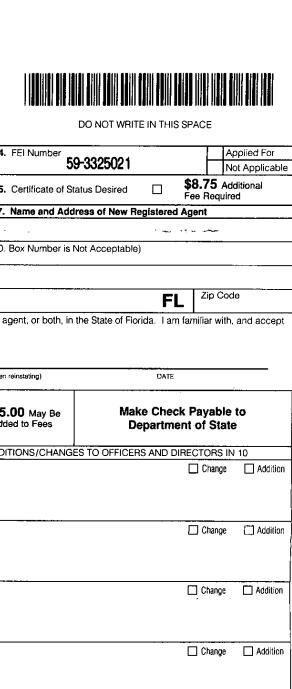
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500003164

SPACE COAST SENIOR GAMES, INC.

Principal Place of Business Mailing Address

FILED Aug 26, 2002 8:00 am Secretary of State 08-26-2002 90063 002 ****61.25



360 NEWFOUND HARBOR DR. MERRITT ISLAND FL 32952			360 NEWFOUND HARBOR DR. MERRITT ISLAND FL 32952								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number Applied For Not Applied For Not Applied For					
Zip	p Country		Zip		Country		5. Certificate of Status Desired		\$8.75 Ad	Not Applicable 8.75 Additional	
6. Name and Address of Current			Registered Agent		-	7. Name and Address of New Registered Agent			∋d		
	o. Name and Au		Agent	Nam	Name						
the contract of the contract o						The same of the sa					
BEEBE, C	arol Found Harbor D			Stree	Street Address (P.O. Box Number is Not Acceptable)						
MERRITT ISLAND FL 32952					City			FL	Zip Cod	de	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE											
O'CITO (TOTIL	Signature, typed or printed n	ame of registered agent a	nd title if applica	able. (NOTE:	Registered Agent si	gnature require	d when reinstating)	DATE			
7	After September min. will be \$2			9. Election Camp Trust Fund Co		ig _	\$5.00 May Be Added to Fees	Make Checl Departme			
10.		FFICERS AND DIR	ECTORS		11.		ADDITIONS/CHANG	I ES TO OFFICERS AND DII	RECTORS IN	V 10	
TITLE	ED			☐ Delete	TITLE			·	☐ Change	Addition	
NAME	BEEBE, CAROL				NAME				_	_	
STREET ADDRESS 360 NEWFOUND HARBOR DR.					STREET ADDRE	ss					
CITY-ST-ZIP	MERRITT ISLAND	FL 32952			CITY-ST-ZIP						
TITLE	Τ			☐ Delete	TITLE				☐ Change	Addition	
NAME	HELLENBERG, RIC				NAME					}	
STREET ADDRESS	3091 PANAMA DE				STREET ADDRE	SS				1	
CITY-ST-ZIP	MELBOURNE FL 3	32934			CITY-ST-ZIP						
TITLE	SD			☐ Delete	TITLE				☐ Change	☐ Addition	
name Street address	KELLER, JOAN M	-			NAME STREET ADDRES						
CITY-ST-ZIP	2600 LARRY CT	00005			CITY-ST-ZIP	33					
	MELBOURNE FL 3	12933				_					
TITLE NAME				☐ Delete	TITLE NAME	1			☐ Change	☐ Addition	
STREET ADDRESS					STREET ADDRES	38					
CITY-ST-ZIP					CITY-ST-ZIP	55					
TITLE				☐ Delete	TITLE				☐ Change	Addition	
NAME					NAME						
STREET ADDRESS	•				STREET ADDRES	ss					
CITY-\$T-ZIP					CITY-ST-ZIP						
TITLE				☐ Delete	TITLÉ				☐ Change	Addition	
NAME					NAME					_	
STREET ADDRESS					STREET ADDRES	ss					
CITY-ST-ZIP					CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE: