

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005069

1. Entity Name

KENNEDY SPACE CENTER SUPPORT COMMITTEE INC.

(R)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 050 ****61.25

| | |
|---|--|
| Principal Place of Business 914 DIXON BLVD COCOA FL 32922 US | Mailing Address 914 DIXON BLVD COCOA FL 32922-6890 US |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business 516 Delannoy Ave Suite, Apt. #, etc. | 3. Mailing Address 516 Delannoy Ave Suite, Apt. #, etc. |
|---|---|

| | |
|--------------------------|--------------------------|
| City & State Cocoa FL | City & State Cocoa FL |
| Zip 32922 | Zip 32922 |
| Country US | Country US |



DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent RUNYAN, GARY G 3960 S. BANANA RIVER BLVD COCOA BEACH FL 32931 | 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 (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|-----------------------------|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 STREET ADDRESS CITY-ST-ZIP | CD ADAMEK, ED USK-383, 8550 ASTRONAUT BLVD. CAPE CANAVERAL FL 32920 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHYE, ANDRE JACK 412 WESTCHESTER DRIVE COCOA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KINNEY, FRANK 6750 SOUTH HIGHWAY US 1 TITUSVILLE FL 32780 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MOYER, JERRY BIONETICS, MC BIO-3 KENNEDY SPACE FL 32899 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD SCARINGE, ROBERT 200 YELLOW PLACE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)