

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90112 041 ****61.25

DOCUMENT # N96000005069

1. Entity Name

KENNEDY SPACE CENTER SUPPORT COMMITTEE INC.

Principal Place of Business

Mailing Address

**516 DELANNAY AVENUE
 COCOA FL 32922
 US**

**516 DELANNAY AVENUE
 COCOA FL 32922
 US**

2. Principal Place of Business

3. Mailing Address

516 Delannoy Ave.
 Suite, Apt. #, etc.

516 Delannoy Ave.
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

**RUNYAN, GARY G
 3960 S. BANANA RIVER BLVD
 COCOA BEACH FL 32931**

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **ADAMEK, ED**
 CITY-ST-ZIP **USK-383, 8550 ASTRONAUT BLVD.
 CAPE CANAVERAL FL 32920**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHYE, ANDRE JACK**
 CITY-ST-ZIP **412 WESTCHESTER DRIVE
 COCOA FL**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **KINNEY, FRANK**
 CITY-ST-ZIP **6750 SOUTH HIGHWAY US 1
 TITUSVILLE FL 32780**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MOYER, JERRY**
 CITY-ST-ZIP **BIONETICS, MC BIO-3
 KENNEDY SPACE FL 32899**

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

TITLE ☐ Delete
 NAME **ASD**
 STREET ADDRESS **SCARINGE, ROBERT**
 CITY-ST-ZIP **200 YELLOW PLACE
 ROCKLEDGE FL 32955**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 REQUIRED~~ **WALKER, EXEC DIR.** 4/15/02 321.633.8020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)