

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005102

1. Entity Name

THE UNITED SPACE ALLIANCE ONE FUND CLUB, INC., F

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 042 ****61.25

Principal Place of Business

Mailing Address

1100 LOCKHEED WAY
TITUSVILLE FL 32780
*8550 Astronaut Blvd.
Cape Canaveral FL 32920*

8550 ASTRONAUT BLVD
USK-339
CAPE CANAVERAL FL 32920-4304
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

59-3383219

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

HOLLAND, CHRISTOPHER M
1100 LOCKHEED WAY
TITUSVILLE FL 32780

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 D ☐ Delete
NAME WESTCOTT, MARLA
STREET ADDRESS 1229 SLEEPY HOLLOW LANE
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Change ☒ Addition
NAME *Carol Roberts*
STREET ADDRESS *21 W. Point Dr*
CITY-ST-ZIP *Cocoa Bch FL*

TITLE D ☐ Delete
NAME GARY M OLSEN
STREET ADDRESS 245 E GRANT AVE
CITY-ST-ZIP COCOA BCH FL

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

TITLE D ☐ Delete
NAME WINKEL, MARTY
STREET ADDRESS 4374 LONGBOW DR
CITY-ST-ZIP TITUSVILLE FL

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

TITLE D ☒ Delete
NAME JIMMY RUDOLPH
STREET ADDRESS P.O. BOX 1131 N/A
CITY-ST-ZIP CAPE CANAVERAL FL

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

TITLE D ☐ Delete
NAME WIMBERLY, SYLVIA
STREET ADDRESS 8550 ASTRONAUT BLVD, C/O USA
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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

TITLE D ☐ Delete
NAME JUDY SHOCKLEY
STREET ADDRESS 1377 GARY DR
CITY-ST-ZIP MERRITT ISLAND FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date

407 799 6884

Daytime Phone #

CR2E037 (9/99)