

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90024 044 ****61.25

DOCUMENT # N96000005102

1. Entity Name

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

Principal Place of Business

8550 ASTRONAUT BLVD
 CAPE CANAVERAL FL 32920

Mailing Address

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	<input type="checkbox"/> Delete
NAME	WESTCOTT, MARLA	
STREET ADDRESS	1229 SLEEPY HOLLOW LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARY M OLSEN	
STREET ADDRESS	245 E GRANT AVE	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKEL, MARTY	
STREET ADDRESS	4374 LONGBOW DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CAROL	
STREET ADDRESS	21 W POENT DR	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMBERLY, SYLVIA	
STREET ADDRESS	8550 ASTRONAUT BLVD, C/O USA	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDY SHOCKLEY	
STREET ADDRESS	1377 GARY DR	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Gregory	
STREET ADDRESS	40 8550 Astronaut Blvd	
CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sinette Daniels	
STREET ADDRESS	1203 Rosa L. Jones Dr	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Betar	
STREET ADDRESS	1730 E. Riviera	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Standa & Redmond	
STREET ADDRESS	2600 Elmhurst Dr	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carol Roberts **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

321 7996884

Date

Daytime Phone #

CR2E037 (10/00)