

2001 UNIFORM BUSINESS REPORT (UBR)

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

4. FEI Number

59-3383219

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WESTCOTT, MARLA
1229 SLEEPY HOLLOW LANE
ROCKLEDGE FL

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Ken Gregore
c/o 8550 Astronaut Blue
Cape Canaveral FL 32920

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GARY M OLSEN
245 E GRANT AVE
COCOA BCH FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Dinette Daniels
1203 Rosa L. Jones Dr
Rockledge, FL 32955

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WINKEL, MARTY
4374 LONGBOW DR
TITUSVILLE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Jeanne Beter
1730 E. Riviera
Merritt Island, FL 32952

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROBERTS, CAROL
21 W POENT DR
COCOA BEACH FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Wanda S Redmond
2600 Elmhurst St
Merritt Island, FL 32953

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WIMBERLY, SYLVIA
8550 ASTRONAUT BLVD, C/O USA
CAPE CANAVERAL FL 32920

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JUDY SHOCKLEY
1377 GARY DR
MERRITT ISLAND FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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:

Carroll Roberts REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

321 7996 884

Date

Daytime Phone #

002928

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (10/08)