

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90009 044 ****61.25

DOCUMENT # N96000005102

1. Entity Name

**THE UNITED SPACE ALLIANCE ONE FUND CLUB, INC., F
 LORIDA CHAPTER**

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

TITLE ☐ Change ☒ Addition
 NAME **D LINNETTE DANIELS**
 STREET ADDRESS **8550 ASTRONAUT BLVD**
 CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

TITLE ☐ Delete
 NAME **D GRERGORY, KEN**
 STREET ADDRESS **C/O 855 ASTRONAUT BLUE**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☒ Addition
 NAME **D WANDA REDMOND**
 STREET ADDRESS **8550 ASTRONAUT BLVD**
 CITY-ST-ZIP **CAPE CANAVERAL, FL 32920**

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

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

TITLE **T** ☐ Delete
 NAME **D ROBERTS, CAROL**
 STREET ADDRESS **21 W POENT DR**
 CITY-ST-ZIP **COCOA BEACH FL**

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

TITLE ☐ Delete
 NAME **D 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 ☐ Delete
 NAME **D 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:

S. CAROL ROBERTS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 321 7996884
 Date Daytime Phone #

CR2E037 (9/01)