

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90153 003 \*\*\*\*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**

**20012848**



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **D** ☐ Change ☒ Addition  
NAME **Kathryn Thiesen**  
STREET ADDRESS **8600 Astronaut Blvd.**  
CITY-ST-ZIP **Cape Canaveral, FL 32920**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Lewis Jamison**  
STREET ADDRESS **8600 Astronaut Blvd**  
CITY-ST-ZIP **Cape Canaveral FL 32920**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Lynnette Daniels**  
STREET ADDRESS **8550 Astronaut Blvd**  
CITY-ST-ZIP **Cape Canaveral FL 32920**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Gerri DiBlasio**  
STREET ADDRESS **8600 Astronaut Blvd**  
CITY-ST-ZIP **Cape Canaveral, FL 32920**

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 OF CAROL ROBERTS**

**1-13-03 3217996884**

CR2E037 (10/02)