

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90034 050 ****61.25

DOCUMENT # N96000005463

1. Entity Name

SPACE COAST CREW BOOSTERS, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 372252
 SATELLITE BEACH FL 32937-0252

P.O. BOX 372252
 SATELLITE BEACH FL 32937-0252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3400552**

Applied For
 Not

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

HERR, ILENE
400 LIGHTHOUSE LANDING
SATELLITE BEACH FL 32937

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:
FEES 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
SNYDER, ELLEN Delete
409 CARRIAGE ROAD
SATELLITE BEACH FL 32937

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
HERR, ILENE Delete
400 LIGHTHOUSE LANDING
SATELLITE BEACH FL 32937

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD Change Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD Delete
SWENSON, PATRICIA A
240 ROBERT COURT
SATELLITE BEACH FL 32937

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD Delete
MARZIG, TRUDIE
948 WILDWOOD DR.
MELBOURNE FL 32940

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD Change Add

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Add
ASD
Bonnie Oberg
3209 Ottawa Ct.
Melbourne, FL 32935

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Add
ASD
Loretta Ward
3312 Burkeland PL
Melbourne, FL 32934

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loretta Ward* **Loretta Ward** **EQUIPED** **1/22/2000** (321) 242-0061
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #