

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002671

1. Entity Name

FOUNDATION FOR INTERNATIONAL SPACE COMMERCE AND

Principal Place of Business

100 SPACEPORT WAY
CAPE CANAVERAL FL 32920

Mailing Address

100 SPACEPORT WAY
CAPE CANAVERAL FL 32920

2. Principal Place of Business

One North First St. #15

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

City & State

Zip

Country

32931

USA

4. FEI Number

345 3784

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

APPLIED FOR

Applied For

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVE, JOYCE
203 N. GADSDEN ST., SUITE 3
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100004609711-8

-09/25/01--01017--007

City *****70. FL *****00.00

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 LEARY, JAMES 100 SPACEPORT WAY CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLUCCI, JANICE 158 DEER RUN LANE SANTA MARIA CA 93455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTOS, DAVID E 219 HUDSON CIR NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEEK, DAVID 1003 MARY'S DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

8/01/01 321 267 2877

APPROVED
AND
FILED

01 SEP 17 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



345 3784

DO NOT WRITE IN THIS SPACE

59.3

APPLIED FOR

CR2E037 (10/00)