

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004771

1. Entity Name Amended to Florida Commercial Space Financing Corporation.
COMMERCIAL SPACE FINANCING CORPORATION

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90034 031 ****61.25

Principal Place of Business

Mailing Address

100 SPACEPORT WAY
CAPE CANAVERAL FL 32920-4003

100 SPACEPORT WAY
CAPE CANAVERAL FL 32920-4000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

LEARY, JAMES D ESQ.
100 SPACEPORT WAY
CAPE CANAVERAL FL 32920-4003

Name Joyce Sibson Doug
Street Address (P.O. Box Number is Not Acceptable)
203 N Gadsden St Suite 3
City Tallahassee FL Zip Code 32301

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] 1/28/00

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	Director	<input type="checkbox"/> Delete
NAME	Mary Helen Blakeslee	
STREET ADDRESS	2001 The Capitol	
CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Todd G. Kocourak	
STREET ADDRESS	1242 North Duval Street	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Director - President	<input type="checkbox"/> Delete
NAME	Ron Morris	
STREET ADDRESS	499 NW. 70th Ave - Ste 110	
CITY-ST-ZIP	Plantation, FL 33317-7572	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Travis Dungan	
STREET ADDRESS	605 Suwannee Street	
CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Greg Moore	
STREET ADDRESS	390 N. Orange Ave - Ste 1300	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	John Anderson	
STREET ADDRESS	390 N. Orange Ave Ste 1300	
CITY-ST-ZIP	Orlando, FL 32801	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Anderson	
STREET ADDRESS	390 N. Orange Ave Ste 1300	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 407-730-5301

CR2E037 (9/99)