

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90007 039 ****61.25

1287920

DOCUMENT # P18331

1. Entity Name

UNITED STATES SPACE CAMP FOUNDATION, INC.

Principal Place of Business

Mailing Address

6225 VECTORSPEACE BLVD.
 TITUSVILLE FL 32780

6225 VECTORSPEACE BLVD.
 TITUSVILLE FL 32780

736112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0962646

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

LUPFER, WILLIAM G.
6225 VECTORSPEACE BLVD
TITUSVILLE FL 32780-5040

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 | C BEASON, GEORGE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1206 DEBORAH DRIVE | |
| CITY-ST-ZIP | SE HUNTSVILLE AL | |
| TITLE NAME | D GILLESPIE, MIKE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 612 HOLMES AVENUE | |
| CITY-ST-ZIP | HUNTSVILLE AL | |
| TITLE NAME | VC ODOM, JIM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 511 OAK NE | |
| CITY-ST-ZIP | DECATUR AL | |
| TITLE NAME | ST LUCAS, DR. WILLIAM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6805 CRINER ROAD | |
| CITY-ST-ZIP | SE HUNTSVILLE AL | |
| TITLE NAME | D JONES, OLIVER | <input type="checkbox"/> Delete |
| STREET ADDRESS | RT. 1, BOX 293-B1 | |
| CITY-ST-ZIP | KILLEN AL | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------------|--|
| TITLE NAME | C BEASON, GEORGE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 115 Northside Square | |
| CITY-ST-ZIP | Huntsville AL 35804 | |
| TITLE NAME | VC GILLESPIE, MIKE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 100 Northside Square | |
| CITY-ST-ZIP | Huntsville AL 35801 | |
| TITLE NAME | D ODOM, JIM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 511 OAK NE | |
| CITY-ST-ZIP | Decatur, AL 35602 | |
| TITLE NAME | D JONES, OLIVER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 439 County Road 419 | |
| CITY-ST-ZIP | Killen, AL 35645 | |
| TITLE NAME | D JONES, G. DOUGLAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1800 Fifth Ave North | |
| CITY-ST-ZIP | Birmingham AL 35203 | |
| TITLE NAME | D CAYLOR, MARY JANE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2345 County Road 67 | |
| CITY-ST-ZIP | Scottsboro AL 35769 | |

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/01

256-721-7103

CR2E037 (10/00)