

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716666

1. Entity Name

PENSACOLA POWER SQUADRON, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90052 018 ****61.25

Principal Place of Business

Mailing Address

10403 GULF BEACH HWY
PENSACOLA FL 32507
US

2551 TARKILN OAKS DR
PENSACOLA FL 32506-8190
US

2. Principal Place of Business

3290 MARQUES ST

3. Mailing Address

ATTN: JERRY M JOHNSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210 ANN STREET

City & State

PENSACOLA FL

City & State

BREWTON AL

4. FEI Number

59-6137312

Applied For

Not Applicable

Zip

32505-7832

Country

USA

Zip

32426-2100

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEBB, HARRY W
10403 GULF BEACH HWY
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

COLEMAN, RICHARD

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

3290 MARQUES ST

City

PENSACOLA

FL

Zip Code

32505-7832

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	TD	<input type="checkbox"/> Delete
NAME	MCLESTER, WILLIAM P	
STREET ADDRESS	2551 TARKILN OAKS DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEBB, HARRY W	
STREET ADDRESS	10403 GULF BEACH HWY	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLEMAN, RICHARD	
STREET ADDRESS	3290 MARAVES STREET	
CITY-ST-ZIP	PENSACOLA FL 32905	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KINK, PETER	
STREET ADDRESS	3209 COPPER RIDGE CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input checked="" 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	PD	<input checked="" 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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JERRY M	
STREET ADDRESS	210 ANN STREET	
CITY-ST-ZIP	BREWTON, AL 32426-2100	
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: WILLIAM P MCLESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000 (850) 492-9488

Date Daytime Phone #

CR2E037 (9/99)