

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724801

1. Entity Name

DAYTONA BEACH POWER SQUADRON, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90035 023 ****61.25

Principal Place of Business

Mailing Address

61 WOODHOLLOW LANE
PALM COAST FL 32164
US

61 WOODHOLLOW LANE
PALM COAST FL 32164-7919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6152411

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

DAVID K. SIGERSON, ESQ.
192 VINING CT
ORMOND BEACH FL 32176

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:
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 P. ☐ Delete
NAME SCHWARTZ, WILLIAM E
STREET ADDRESS 239 LEXINGTON DR
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SINCLAIR, ELDA D
STREET ADDRESS 123 OLD CARRIAGE RD
CITY-ST-ZIP PONCE INLET FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BALDWIN, DONALD A
STREET ADDRESS 3340 BROOKSIDE TERRACE
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME YATES, JOHN
STREET ADDRESS 469 PALM AVE
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WILLIAM, MERRITT
STREET ADDRESS 61 WOODHOLLOW LANE
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME YATES, MYRA A
STREET ADDRESS 496 PALM AVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ 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 #

CR2E037 (9/99)