

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724801

1. Entity Name

DAYTONA BEACH SAIL AND POWER SQUADRON, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90197 003 ****61.25

Principal Place of Business

1220 MARDRAKE ROAD
DAYTONA BEACH FL 32114
US

Mailing Address

1220 MARDRAKE ROAD
DAYTONA BEACH FL 32114
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-6152411

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	P	☐ Delete
NAME	CAROE, EDWARD E	
STREET ADDRESS	25 COOLIDGE CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	☐ Delete
NAME	JOYCE, ROBERT T	
STREET ADDRESS	841 BALLOUGH RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VD	☐ Delete
NAME	MARTINES, PAUL S	
STREET ADDRESS	1020 INDIAN OAKS WEST	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	VD	☐ Delete
NAME	BOASE, ELMER E	
STREET ADDRESS	105 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	☐ Delete
NAME	SPENCE, ROBERT J	
STREET ADDRESS	1220 MARDRAKE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	☐ Delete
NAME	GILBERT, SUSAN T	
STREET ADDRESS	715 BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 (9/01)