

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731984

1. Entity Name

CLEARWATER SAIL AND POWER SQUADRON, INC.

Principal Place of Business

1000 CLEVELAND ST.
CLEARWATER FL 34615-4514

Mailing Address

1000 CLEVELAND ST.
CLEARWATER FL 33755-4514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6130985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASTA, MILDRED J
1000 CLEVELAND SR
CLEARWATER FL 33755-4514

7. Name and Address of New Registered Agent

Name

FRANK ACCIERI

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

1000 CLEVELAND Street

City

CLEARWATER

FL

Zip Code

33755

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	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JOHN N	
STREET ADDRESS	1920 SANDRA DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLANSKEIY, GARY	
STREET ADDRESS	103.17 ST	
CITY-ST-ZIP	BELLEAIR BEACH FL 55786	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOCHNER, CARAL	
STREET ADDRESS	14514 MARK DR	
CITY-ST-ZIP	LARGO AL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELLERS, THOMAS E	
STREET ADDRESS	227 HOWARD DR	
CITY-ST-ZIP	BALLEZIR BEACH FL 33786	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	NASTA, MILDRED J	
STREET ADDRESS	1920 SANDRA DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLEFIELD, TERENCE	
STREET ADDRESS	2900 GULD TD BAY BLVD	
CITY-ST-ZIP	CLEARWATER FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE EARLY	
STREET ADDRESS	2227 PHILLIPPIE DR #17	
CITY-ST-ZIP	CLEARWATER, FL 33763	
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 checked="" type="checkbox"/> Addition
NAME	KAREN M TOROK	
STREET ADDRESS	3203 HILKOP LANE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK ACCIERI	
STREET ADDRESS	550 N BAY SHORE BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33759	
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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00 (727) 669-5626

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE