8/14/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
08-14-2001 90004 004 ****61.25

DOCUMENT # 731984

1. Entity Name

CLEARWATER SAIL AND POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
1000 CLEVELAND ST. CLEARWATER FL 34615-4514	1000 CLEVELAND ST. CLEARWATER FL 34615-4514

11984

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
CLEARWATER SAIL & POWER SQUADRON INC ~~ARCIERI, FRANK~~ CAROL LOCHNER 1000 CLEVELAND SR CLEARWATER FL 33755-4514	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
After September 12, 2001, min. will be $236.25

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 / STREET ADDRESS / CITY-ST-ZIP	D EARLY, KATHERINE 2227 PHILLIPPINE DR #17 CLEARWATER FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLANSKEIY, GARY D 103 17 ST BELLEAIR BEACH FL 55786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDUCATION OFFICER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOCHNER, CARAL D 14514 MARK DR LARGO AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOROK, KAREN M D 3203 HILLTOP LN LARGO FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARCIERI, FRANK 550 N. BAYSHORE BVD CLEARWATER FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEFIELD, TERENLE 2900 GULD TD BAY BLVD CLEARWATER FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition

CR2E037 (5/01)

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: Carol Lochner (CAROL LOCHNER) Commander 8/7/01 727-441-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #