2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90070 034 ****61.25

DOCUMENT # 740752

1. Entity Name

THE ST. PETERSBURG SAIL AND POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
440 13TH AVE NORTH A ST. PETERSBURG FL 33701 US	440 13TH AVE NORTH A ST. PETERSBURG FL 33701 US

D0021317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 54 Ave. N.E.	1400 54 Ave. N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33703 Country: Pinellas	Zip: 33703 Country: Pinellas

4. FEI Number 59-6149158 ☐ 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
PEARSON, FREDERICK 8600 15TH STREET, N. ST PETERSBURG FL 33702	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CDR EIBACH, WILLIAM 6807A 16TH STREET NE ST. PETERSBURG FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDR Thomas F. Krupa 8950 Park Blvd., #305 Seminole, FL 33777-4122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADM LECLAIRE, GERALD 9105 7TH ST NO SAINT PETERSBURG FL 33702-3005	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADO Joseph F. Hofmann 4070 48th Ave. S. St. Petersburg, FL 33711-4606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRUPA, THOMAS 8950 PARK BLVD., #305 SEMINOLE FL 33777-4122	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXO Gerald F. Leclaire 128 SW Monroe Cir. N. St. Petersburg, FL 33703-1317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WISSING, JOYCE 440 13TH AVE NORTH ST. PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDO Norman R. Ferguson P.O. Box 7537 St. Petersburg, FL 33734-7537	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDD HOUGET, ROLAND 835 SAN CARLOS AVE NORTHEAST ST. PETERSBURG FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC Shelia M. LeClaire 128 SW Monroe Cir. N. St. Petersburg, FL 33703-1317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARNOLD, HARRIET 1120 NORTH SHORE DRIVE, NE 11-903 ST PETERSBURG FL 33701-1425	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Kent H. Larsen 1400 54 Ave. N.E. St. Petersburg, FL 33703-3227	☒ Change ☐ Addition

CR2E037 (10/00)

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: Kent Larsen KENT LARSEN 2/26/01 813-972-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #