

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90096 038 \*\*\*\*61.25

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1. Entity Name

THE ST. PETERSBURG SAIL AND POWER SQUADRON, INC.

Principal Place of Business

1400 54 AVE. NE  
SAINT PETERSBURG FL 33703  
US

Mailing Address

1400 54 AVE. NE  
A  
SAINT PETERSBURG FL 33703  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6149158

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

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 CDR  
NAME KRUPA, THOMAS F ☐ Delete  
STREET ADDRESS 8950 PARK BLVD., #305  
CITY-ST-ZIP SEMINOLE FL 33777-4122

TITLE CDR  
NAME LECLAIRE, GERALD F ☒ Change ☐ Addition  
STREET ADDRESS 128 SW MONROE CIR. N  
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE ADO  
NAME HOFMANN, JOSEPH F ☐ Delete  
STREET ADDRESS 4070 48TH AVE. S.  
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE EXO  
NAME HOFMANN, JOSEPH F. ☒ Change ☐ Addition  
STREET ADDRESS 4070 48TH AVE. S.  
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE EXO  
NAME LECLAIRE, GERALD F ☐ Delete  
STREET ADDRESS 128 SW MONROE CIR. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ADO  
NAME ALBRECHT, JOHN R. ☒ Change ☐ Addition  
STREET ADDRESS 160 BEACH DR. NE #701  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE EDO  
NAME FERGUSON, NORMAN R ☐ Delete  
STREET ADDRESS PO BOX 7537  
CITY-ST-ZIP ST. PETERSBURG FL 33734-7537

TITLE EDO  
NAME ROTHSTEIN, HOWARD ☒ Change ☐ Addition  
STREET ADDRESS 8021 SAILBOAT KEY BLVD. #101  
CITY-ST-ZIP S. PASADENA, FL 33707

TITLE SEC  
NAME LECLAIRE, SHELIA ☐ Delete  
STREET ADDRESS 128 SW MONROE CIR. N.  
CITY-ST-ZIP SAINT PETERSBURG FL 33703-1317

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

TITLE TR  
NAME LARSEN, KENT H ☐ Delete  
STREET ADDRESS 1400 54 AVE. NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33703-3227

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: *Kent Larsen* KENT LARSEN 4/3/02 813-972-7667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)