

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90213 050 \*\*\*\*61.25

**C0012901**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N93000001839**

1. Entity Name

**GULF BREEZE POWER SQUADRON, INC.**

Principal Place of Business

Mailing Address

5774 DUNBAR  
 MILTON FL 32583

5774 DUNBAR  
 MILTON FL 32583-2854

2. Principal Place of Business

**1640 MOONRAKER DR**

Suite, Apt. #, etc.

3. Mailing Address

**1640 MOONRAKER DR**

Suite, Apt. #, etc.

City & State

**MILTON, FL**

City & State

**MILTON, FL**

4. FEI Number

**59-3125505**

Applied For

Not Applicable

Zip

**32583**

Country

**SANTA ROSA**

Zip

**32583**

Country

**SANTA ROSA**

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

**SMITH, WALTER J**  
**5774 DUNBAR CIR**  
**MILTON FL 32583**

Name

**SMITH, WALTER J.**

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

**1640 MOONRAKER DR**

City

**MILTON**

**FL**

Zip Code

**32583**

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

**01-14-00**

**FILE NOW:**  
**FEES 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	DEO	<input type="checkbox"/> Delete
NAME	THEIS, STEPHEN	
STREET ADDRESS	1045 EDGEWATER LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561-9532	
TITLE	DAO	<input checked="" type="checkbox"/> Delete
NAME	GAIRING, DON	
STREET ADDRESS	3111 BRITAINY PL	
CITY-ST-ZIP	PENSACOLA FL 32524-4947	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SMITH, WALTER	
STREET ADDRESS	102 E GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TONGGO, TERRI	
STREET ADDRESS	5411 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561-9532	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JACK	
STREET ADDRESS	125 EUFAULA ST	
CITY-ST-ZIP	GULF BREEZE FL 32561-4109	
TITLE	DEO	<input type="checkbox"/> Delete
NAME	GRIFFIN, JOHN	
STREET ADDRESS	3911 W MADURA	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA A. MEHAM	
STREET ADDRESS	1007 CORONADO DR	
CITY-ST-ZIP	GULF BREEZE, FL 32561-3011	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1640 MOONRAKER DR	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES J. MCCARTHY	
STREET ADDRESS	4005 NEST MADURA DR	
CITY-ST-ZIP	GULF BREEZE, FL 32561-3563	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY D. JORDAN	
STREET ADDRESS	3008 COQUINA WY	
CITY-ST-ZIP	GULF BREEZE, FL 32562-0718	
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 empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**WALTER J SMITH**

**01-14-00**

**850-432-0706**

Date

Daytime Phone #

CR2E037 (9/99)