

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90031 017 ****61.25

C 2814

DOCUMENT # N98000007389

1. Entity Name

HARRIS CHAIN POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

2590 EASTLAND ROAD
MOUNT DORA FL 32757

304 LILY PAD LANE
EUSTIS FL 32726

2. Principal Place of Business

11570 SW 69th Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

4. FEI Number

59-3549272

Applied For

Not Applicable

Zip

Country

34476-3944

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIRD, ROBERT
2590 EASTLAND ROAD
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name Donald C Clark

Street Address (P.O. Box Number is Not Acceptable)
11570 SW 69th Circle

City Ocala

FL

Zip Code 34476-3944

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]

1-27-01

(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	BAIRD, ROBERT	
STREET ADDRESS	2590 EASTLAND ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DONALD C	
STREET ADDRESS	11570 SW 69TH CIRCLE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIGLER, JAMES B	
STREET ADDRESS	4942 E COUNTRY RD 462	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JAMES	
STREET ADDRESS	12532 LAKE RIDGE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIAN	
STREET ADDRESS	304 LILY PAD ROAD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAIRD, NANCY	
STREET ADDRESS	2590 EASTLAND ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph H MURRAY	
STREET ADDRESS	1103 Saldivar Rd	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES GROVER Sr	
STREET ADDRESS	31631 ALANE CT	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Ambsbaugh	
STREET ADDRESS	351 NW 80th AVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRETCHEN CLARK	
STREET ADDRESS	11570 SW 69th Circle	
CITY-ST-ZIP	OCALA FL 34476-3944	

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] MARIAN GONZALEZ

Date

Daytime Phone #

1-19-01 352-343-9496

CR2E037 (10/00)