

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007389

1. Entity Name

HARRIS CHAIN POWER SQUADRON, INC.

Principal Place of Business

2590 EASTLAND ROAD
MOUNT DORA FL 32757

Mailing Address

304 LILY PAD LANE
EUSTIS FL 32726-3912

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

59-3549272

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

BAIRD, ROBERT
2590 EASTLAND ROAD
MOUNT DORA FL 32757

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.

X SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/00

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	D	<input type="checkbox"/> Delete
NAME	BAIRD, ROBERT	
STREET ADDRESS	2590 EASTLAND ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRNES, ROBERT C	
STREET ADDRESS	14228 SW 43RD COURT ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BODEN, HEINZ	
STREET ADDRESS	1097 PALM HARBOR DR.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input 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 type="checkbox"/> Delete
NAME	BAIRD, NANCY	
STREET ADDRESS	2590 EASTLAND ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CLARK, DONALD C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11570 SW 64TH Circle	
STREET ADDRESS	OCALA FL 34476	
CITY-ST-ZIP		
TITLE	Sigler, James B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4942 E County Rd 462	
STREET ADDRESS	Wildwood FL 34785	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

352-343-8496

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90093 022 ****61.25



DO NOT WRITE IN THIS SPACE