# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2001 8:00 am**
**Secretary of State**
02-05-2001 90031 017 ****61.25

DOCUMENT # N98000007389

1. Entity Name

HARRIS CHAIN POWER SQUADRON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2590 EASTLAND ROAD<br>MOUNT DORA FL 32757 | 304 LILY PAD LANE<br>EUSTIS FL 32726 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 11570 SW 69th Circle | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ocala FL | City & State |
| Zip: 34476-3944 Country: US | 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<br>2590 EASTLAND ROAD<br>MOUNT DORA FL 32757 | Name: Donald C Clark<br>Street Address (P.O. Box Number is Not Acceptable): 11570 SW 69th Circle<br>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: _____ 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAIRD, ROBERT<br>2590 EASTLAND ROAD<br>MOUNT DORA FL 32757 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Joseph H MURRAY<br>1103 Saldivar Rd<br>LADY LAKE FL 32159 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLARK, DONALD C<br>11570 SW 69TH CIRCLE<br>OCALA FL 34476 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIGLER, JAMES B<br>4942 E COUNTRY RD 462<br>WILDWOOD FL 34785 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHARLES GROVER Sr<br>31631 ALANE CT<br>TAVARES FL 32778 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODRIGUEZ, JAMES<br>12532 LAKE RIDGE CIRCLE<br>CLERMONT FL 34711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Richard Amsbaugh<br>351 NW 80th AVE<br>Ocala FL 34482 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GONZALEZ, MARIAN<br>304 LILY PAD ROAD<br>EUSTIS FL 32726 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BAIRD, NANCY<br>2590 EASTLAND ROAD<br>MOUNT DORA FL 32757 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GRETCHEN CLARK<br>11570 SW 69th Circle<br>Ocala FL 34476-3944 | ☒ 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:** Marian Gonzalez MARIAN GONZALEZ 1-19-01 352-343-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #