

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007389

1. Entity Name

HARRIS CHAIN POWER SQUADRON, INC.

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90110 049 ****61.25

Principal Place of Business

Mailing Address

11570 SW 69TH CIRCLE
OCALA FL 34476-3944

304 LILY PAD LANE
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

1097 PALM HARBOR Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Leesburg FL

4. FEI Number

59-3549272

Applied For

Not Applicable

Zip

Country

Zip

Country

34748

Lake

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

CLARK, DONALD C.
11570 SW 69TH CIRCLE
OCALA FL 34476-3944

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)

1/26/02

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 D ☐ Delete
NAME MURRAY, JOSEPH H
STREET ADDRESS 1103 SALDIVAR RD
CITY-ST-ZIP LADY LAKE FL 32159

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

TITLE D ☐ Delete
NAME CLARK, DONALD C
STREET ADDRESS 11570 SW 69TH CIRCLE
CITY-ST-ZIP OCALA FL 34476

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

TITLE D ☐ Delete
NAME GROVER, CHARLES SR
STREET ADDRESS 31631 ALANE
CITY-ST-ZIP TAVARES FL 32778

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

TITLE D ☒ Delete
NAME AMSBAUGH, RICHARD
STREET ADDRESS 351 NW 80TH AVENUE
CITY-ST-ZIP OCALA FL 34482

TITLE D ☒ Change ☐ Addition
NAME BETTY BINDER
STREET ADDRESS 28229 S County Rd 33
CITY-ST-ZIP LEESBURG FL 31748

TITLE TD ☒ Delete
NAME GONZALEZ, MARIAN
STREET ADDRESS 304 LILY PAD ROAD
CITY-ST-ZIP EUSTIS FL 32726

TITLE TD ☒ Change ☐ Addition
NAME WALTRAUD BODEN
STREET ADDRESS 1097 Palm Harbor Dr.
CITY-ST-ZIP LEESBURG FL 34748

TITLE SD ☒ Delete
NAME CLARK, GRETCHEN
STREET ADDRESS 11570 SW 69TH CIRCLE
CITY-ST-ZIP OCALA FL 34476-3944

TITLE SD ☒ Change ☐ Addition
NAME SHARON MURRAY
STREET ADDRESS 1103 Saldivar Rd
CITY-ST-ZIP Lady Lake FL 32159

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/02

CR2E037 (9/01)