

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90058 038 ****61.25

DOCUMENT # N98000007389

1. Entity Name

HARRIS CHAIN POWER SQUADRON, INC.



Principal Place of Business

**11570 SW 69TH CIRCLE
OCALA FL 34476-3944**

Mailing Address

**1097 PALM HARBOR DR
LEESBURG FL 34748**

2. Principal Place of Business

1103 SALDIVAR ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

THE VILLAGES, FL

City & State

4. FEI Number **59-3549272**

Applied For

Not Applicable

Zip

32159

Country

SUMTER

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MURRAY, H. JOSEPH

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

1103 SALDIVAR ROAD

City

THE VILLAGES

FL

Zip Code

32159

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

February 4, 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **D** ☐ Delete
NAME **BINDER, BETTY**
STREET ADDRESS **28229 S COUNTRY RD 33**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TD** ☐ Delete
NAME **BODEN, WALTRAUD**
STREET ADDRESS **1097 PALM HARBOR DR**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **SD** ☐ Delete
NAME **MURRAY, SHARON**
STREET ADDRESS **1103 SALDIVAR RD**
CITY-ST-ZIP **LADY LAKE FL 32159**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **BEAM, R. JAMES**
STREET ADDRESS **418-1 E, TENTH AVE**
CITY-ST-ZIP **MT. DORA, FL 32757**

TITLE **D** ☐ Change ☒ Addition
NAME **RZEWUSKI, JOSEPH T.**
STREET ADDRESS **407 DEL MAR DRIVE**
CITY-ST-ZIP **THE VILLAGES, FL 32159**

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

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

TITLE ☐ Change ☐ 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

February 4, 2003 (352) 753-9374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)