

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700582

1. Entity Name

ORLANDO POWER SQUADRON INC

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90026 005 ****61.25

Principal Place of Business

Mailing Address

1015 DELPHINIUM DR
ORLANDO FL 32825
US

602 SEQUOIA CIR
SAINT CLOUD FL 34769-1650
US

2. Principal Place of Business

2706 HARGILL DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

Zip

32806

Country

USA

City & State

Zip

Country

4. FEI Number

59-6209880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYTLE, PAUL
1015 DELPHINIUM DR
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name JOSH VANDERLEY

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

2706 HARGILL DR

City

ORLANDO

FL

Zip Code

32806

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)

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	S	<input type="checkbox"/> Delete
NAME	HENDRICKSON, CAROLYN	
STREET ADDRESS	3210 LITTLE JOE CT	
CITY-ST-ZIP	APOKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDERLEY, JOSH	
STREET ADDRESS	2706 HARGILL DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPPLE, ROBERT	
STREET ADDRESS	3749 FOX HOLLOW DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, JOHN	
STREET ADDRESS	349 HICKORY CT	
CITY-ST-ZIP	APOKA FL 32712	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOKOLOVIC, JOSEPH E	
STREET ADDRESS	602 SEQUOIA CIR	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREY, KEITH T.	
STREET ADDRESS	3204 GRANOLE ROAD	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD CAMPBELL	
STREET ADDRESS	11721 MINTO CT.	
CITY-ST-ZIP	ORLANDO, FL 32837	
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		
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:

JOSEPH E. SOKOLOVIC

4-28-00 (407) 356-7262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)