

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90080 043 \*\*\*\*61.25

**DOCUMENT # 700582**

1. Entity Name

**ORLANDO POWER SQUADRON INC**

Principal Place of Business

Mailing Address

**2706 HARGILL DRIVE  
 ORLANDO FL 32806  
 US**

**11721 MINTO CT  
 ORLANDO FL 32837  
 US**

2. Principal Place of Business

**421 Fryer Oaks Court**

3. Mailing Address

**225 West Beasley Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Cloud, Florida**

City & State

**Oviedo, Fl.**

4. FEI Number

**59-6209880**

Applied For

Not Applicable

Zip

**34771**

Country

**USA**

Zip

**32765**

Country

**USA**

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

**VANDERLEY, JOSH  
 2706 HARGILL DRIVE  
 ORLANDO FL 32806**

Name **Tipple, Robert L.**

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

**421 Fryer Oaks Court**

City **St. Cloud**

**FL**

Zip Code **34771**

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

*Josh Vanderley* Commander

(NOTE: Registered Agent signature required when reinstating)

**3/7/02**

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 **S** ☒ Delete  
 NAME **KRAFT, DIANE**  
 STREET ADDRESS **349 HICKORY CT**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **S** ☒ Change ☐ Addition  
 NAME **YOCUM, MARYANN G.**  
 STREET ADDRESS **905 Oakwood Cove**  
 CITY-ST-ZIP **Altamonte Springs, FL. 32714**

TITLE **D** ☒ Delete  
 NAME **VANDERLEY, JOSH**  
 STREET ADDRESS **2706 HARGILL DR**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☒ Change ☐ Addition  
 NAME **TIPPLE, ROBERT L.**  
 STREET ADDRESS **421 Fryer Oaks Court**  
 CITY-ST-ZIP **St. Cloud, Florida 34771**

TITLE **D** ☒ Delete  
 NAME **STEVENS, SUSAN**  
 STREET ADDRESS **1428 NOLTON WAY**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Change ☐ Addition  
 NAME **FOSTER, ROBERT G.**  
 STREET ADDRESS **1504 Page Avenue**  
 CITY-ST-ZIP **Orlando, Florida 32806**

TITLE **D** ☐ Delete  
 NAME **GREY, KEITH SR**  
 STREET ADDRESS **3204 ORANOLE ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE **T** ☒ Delete  
 NAME **CAMPBELL, TODD**  
 STREET ADDRESS **11721 MINTO CT**  
 CITY-ST-ZIP **ORLANDO FL 32387**

TITLE **T** ☒ Change ☐ Addition  
 NAME **MJLA, BETTY LOU**  
 STREET ADDRESS **225 West Beasley Road**  
 CITY-ST-ZIP **Oviedo, Florida 32765**

TITLE ☐ Delete  
 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:

**Robert L. Tipple**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-7-02 407-957-8710**

CR2E037 (9/01)