

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90120 049 ****61.25

DOCUMENT # 700582

1. Entity Name

ORLANDO POWER SQUADRON INC



Principal Place of Business

**421 FRYER OAKS COURT
SAINT CLOUD FL 34771
US**

Mailing Address

**421 FRYER OAKS COURT
SAINT CLOUD FL 34771
US**

2. Principal Place of Business

3740 Wilder Lane

3. Mailing Address

3740 Wilder Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number **59-6209880**

Applied For

Not Applicable

Zip

32733

Country

Orange

Zip

32733

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TIPPLE, ROBERT
421 FRYER OAKS COURT
SAINT CLOUD FL 34771**

7. Name and Address of New Registered Agent

Name
Eugene Grant

Street Address (P.O. Box Number is Not Acceptable)
3740 Wilder Lane

City **Orlando**

FL

Zip Code
32733

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 **Eugene Grant**

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

(NOTE: Registered Agent signature required when reinstating)

March 20, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **YOCUM, MARYANN G**
STREET ADDRESS **905 OAKWOOD COVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **D** ☒ Delete
NAME **TIPPLE, ROBERT L**
STREET ADDRESS **421 FRYER OAKS COURT**
CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE **D** ☐ Change ☒ Addition
NAME **GRANT, EUGENE**
STREET ADDRESS **3740 Wilder Lane**
CITY-ST-ZIP **Orlando, Florida 32733**

TITLE **D** ☐ Delete
NAME **FOSTER, ROBERT G**
STREET ADDRESS **1504 PAGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32806**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **YOCUM, GARY**
STREET ADDRESS **905 Oakwood Cove**
CITY-ST-ZIP **Altamonte Springs, Fl. 32714**

TITLE **T** ☐ Delete
NAME **MULA, BETTY LOU**
STREET ADDRESS **225 WEST BEASLEY ROAD**
CITY-ST-ZIP **OVIEDO FL 32765**

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

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: **Eugene Grant**

March 20, 2003

CR2E037 (10/02)