

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702826

1. Entity Name

ANCLOTE KEY SAIL AND POWER SQUADRON, INC.

Principal Place of Business

BAYWOOD VILLAGE CLUB
305 WESTWINDS DR
PALM HARBOR FL 34683

Mailing Address

2417 GROVE RIDGE DR
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0152365

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIELKE, MARY LOU
2417 GROVE RIDGE DR
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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)

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 D ☒ Delete
NAME LASHO, JANICE
STREET ADDRESS 1816 GEORGIA AVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☒ Delete
NAME MIELKE, HOWARD
STREET ADDRESS 2417 GROVE RIDGE DR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☒ Delete
NAME BROWN, BETTY
STREET ADDRESS 1005 CONNECTICUT RD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE T ☐ Delete
NAME HARRIS, HOMER
STREET ADDRESS 102 SCHOONER DR
CITY-ST-ZIP PALM HARBOR FL 34683-3449

TITLE T ☐ Delete
NAME MIELKE, MARY LOU
STREET ADDRESS 2417 GROVE RIDGE DR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MIELKE, HOWARD ☒ Change ☐ Addition
NAME
STREET ADDRESS 2417 Grove Ridge Drive
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE Brown, Betty ☒ Change ☐ Addition
NAME
STREET ADDRESS 1005 Connecticut Road
CITY-ST-ZIP Tarpon Springs, FL 34689-2828

TITLE Lindeman, Bernard ☐ Change ☒ Addition
NAME
STREET ADDRESS 103 Driftwood Dr. W
CITY-ST-ZIP Palm Harbor, FL 34683-1014

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:

MARY LOU MIELKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

(727) 785-7923

Date

Daytime Phone #

CR2E037 (10/00)