

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90031 020 ****61.25

DOCUMENT # 702826

1. Entity Name

ANCLOTE KEY SAIL AND POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

**BAYWOOD VILLAGE CLUB
 305 WESTWINDS DR
 PALM HARBOR FL 34683**

**2417 GROVE RIDGE DR
 PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0152365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **Mary Lou Mielke, Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

March 11, 2002

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 **D** ☐ Delete
 NAME **MIELKE, HOWARD**
 STREET ADDRESS **2417 GROVE RIDGE DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **D** ☒ Delete
 NAME **BROWN, BETTY**
 STREET ADDRESS **1005 CONNECTICUT ROAD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689-2828**

TITLE **D** ☐ Change ☒ Addition
 NAME **NEEF, WILLIAM**
 STREET ADDRESS **502 S. Florida Ave., #135**
 CITY-ST-ZIP **Tarpon Springs FL 34689-2726**

TITLE **D** ☐ Delete
 NAME **LINDEMAN, BERNARD**
 STREET ADDRESS **103 DRIFTWOOD DRIVE WEST**
 CITY-ST-ZIP **PALM HARBOR FL 34683-1014**

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

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

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **NEEF, LOIS**
 STREET ADDRESS **502 S. Florida Ave., #135**
 CITY-ST-ZIP **Tarpon Springs FL 34689-2726**

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

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: **Mary Lou Mielke, Treasurer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2002 (727) 785-7923

Date

Daytime Phone #

CR2E037 (9/01)