

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707827

1. Entity Name

CRYSTAL RIVER POWER SQUADRON, INCORPORATED

2

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90011 040 ****61.25

Principal Place of Business

845 NE 3RD AVENUE
CRYSTAL RIVER FL 34429
US

Mailing Address

845 NE 3RD AVENUE
CRYSTAL ROVER FL 34429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6149621

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

SIROKY, EDWIN J
8 BONNIE COURT NORTH
HOMOSASSA FL 34446

Name **JOHN D HAVENS**

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

6110 W CHERYL LN

City **HOMOSASSA**

FL

Zip Code

34446

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

After September 13, 2000 min. will be \$236.25

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 **FOSTER, WILLIAM T**
STREET ADDRESS **3725 N. VIRGINIA ROAD**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **TD** ☐ Delete
NAME **HAVENS, JOHN D**
STREET ADDRESS **6110 W CHERYL LN**
CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE **D** ☒ Delete
NAME **SIROKY, EDWIN J**
STREET ADDRESS **3 BONNIE CT N**
CITY-ST-ZIP **HOMMASASSA FL 34446**

TITLE **D** ☐ Change ☒ Addition
NAME **SHEVCHIK, RAY R.**
STREET ADDRESS **125 LINDER DR.**
CITY-ST-ZIP **HOMOSASSA FL 34446-3038**

TITLE **D** ☒ Delete
NAME **BARKER, EMILY**
STREET ADDRESS **9530 W. CEDAR ST.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **D** ☐ Change ☒ Addition
NAME **MORAN, ERNEST M.**
STREET ADDRESS **5163 W. FITCH PINE CT.**
CITY-ST-ZIP **LECANTO FL 34461-7912**

TITLE **D** ☐ Delete
NAME **FOSTER, CAROL D**
STREET ADDRESS **2725 N. VIRGINIA ROAD**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **SEO** ☐ Delete
NAME **KRZEMINSKI, LEO F**
STREET ADDRESS **1419 CHATWORTH PT**
CITY-ST-ZIP **LECANTO FL 34461**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST M. MORAN 08/08/00 (352) 746-6216

(Date)

Daytime Phone #

CR2E037 (5/00)