

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90011 048 ****61.25

DOCUMENT # 707827

1. Entity Name

CRYSTAL RIVER POWER SQUADRON, INCORPORATED

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

Zip

Country

Zip

Country

4. FEI Number

59-6149621

Applied For

Not Applicable

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

HAVENS, JOHN D
 6110 W CHERLY LN
 HOMOSASSA FL 34446

Name

EUGENE C. KIGER III

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

64 OUR ROAD

City

INGLIS

FL

Zip Code

34449

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

Eugene C. Kiger III

03-21-2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 RONALD E. KANE
 3737 E. WESTWIND CT.
 INVERNESS, FL. 34453** ☐ Change ☒ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 EUGENE C. KIGER III
 64 OUR ROAD
 INGLIS, FL. 34449** ☐ Change ☒ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MORRIS E. HOWARD
 10 NORFOLK LANE W
 HOMOSASSA, FL 34446** ☐ Change ☒ Addition

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 C. Kiger III

EUGENE C. KIGER III

03-21-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)