

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707827

1. Entity Name

CRYSTAL RIVER POWER SQUADRON, INCORPORATED

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90057 007 ****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

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

KIGER, EUGENE E III
64 OUR ROAD
INGLIS FL 34449

Name **ALLEN, NED L.**

Street Address (P.O. Box Number is Not Acceptable)
8901 E. TSALA APOPKA DR.

INVERNESS, FL 34450

City **INVERNESS** **FL** Zip Code **34450**

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 **NED L. ALLEN**

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

TITLE **D** ☐ Change ☒ Addition
NAME **HAVENS, JOHN D**
STREET ADDRESS **208 S. LEE STREET**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **D** ☐ Delete
NAME **KANE, RONALD E**
STREET ADDRESS **3737 E WESTWIND COURT**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **D** ☐ Change ☐ Addition
NAME **SIEFERT, JOHN**
STREET ADDRESS **1637 PARADISE CIRCLE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

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

TITLE **D** ☐ Change ☒ Addition
NAME **ALLEN, NED L.**
STREET ADDRESS **8901 E. TSALA APOPKA DR.**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **D** ☒ Delete
NAME **KIGER, EUGENE E III**
STREET ADDRESS **64 OUR ROAD**
CITY-ST-ZIP **INGLIS FL 34449**

TITLE **D** ☐ Change ☒ Addition
NAME **O'CONNOR, JENNIE**
STREET ADDRESS **7 NORFOLK LANE WEST**
CITY-ST-ZIP **HOMOSASSA, FL 34446**

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

TITLE **D** ☐ Change ☒ Addition
NAME **MIDDLETON, GEORGE R., Jr.**
STREET ADDRESS **3970 N. SEMINOLE POINT**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

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

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: **Ned L. Allen** 2/12/02 (352) 344-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)