

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708701

1. Entity Name

TALLAHASSEE SAIL AND POWER SQUADRON, INC.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90053 010 ****61.25

0033910

Principal Place of Business

Mailing Address

LOU NEUMAN
4025 DEERLAKE DR
TALLAHASSEE FL 32312
US

4025 DEERLAKE DR
TALLAHASSEE FL 32312
US

2. Principal Place of Business

3. Mailing Address

4025 Deerlane Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4025 Deerlane Drive

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6149383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELTON, CALVIN
1125 CARRIN DRIVE
TALLAHASSEE FL 32301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	NEUMAN, LOU	
STREET ADDRESS	4025 DEERLAKE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PECK, WILLIAM L	
STREET ADDRESS	3459 CHAMBLEE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TTERLIKKIS, LAMBROS	
STREET ADDRESS	2032 WILDRIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, RODGER L	
STREET ADDRESS	6720 FORWARD PASS TRL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELTON, CALVIN W.	
STREET ADDRESS	1125 CARRIN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	CLACY, ELSIE R	
STREET ADDRESS	1125 SEMINOLE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, JAMES	
STREET ADDRESS	2029 NORTH MERIDIAN RD	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLACY, WARREN	
STREET ADDRESS	1125 Seminole Dr	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rodger L Jones* 2. Jones 3/20/02 644-8617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)