

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708979

1. Entity Name

CAPE CORAL POWER SQUADRON, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90015 038 ****61.25

Principal Place of Business

917 S E 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address

917 S E 47TH TERRACE
CAPE CORAL FL 33904-9009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6166198

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

J RICHARD PETERSEN
5012 SW 5TH PL
CAPE CORAL FL 33914

Name RICHARD W. Willis

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

5305 DARBY CT

City

CAPE CORAL

FL

Zip Code

33904

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

Richard W. Willis

RICHARD W. WILLIS

3/31/00

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	TD	<input checked="" type="checkbox"/> Delete
NAME	J RICHARD PETERSEN	
STREET ADDRESS	5012 SW 5TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAUREEN S JEFFERSON	
STREET ADDRESS	4917 SW 9TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM JEFFERSON	
STREET ADDRESS	4917 SW 9TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATLACK JAMES R	
STREET ADDRESS	629 SW 22ND ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	DANCE PATRICIA A	
STREET ADDRESS	1217 SW 54TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLAERT, THEODORE	
STREET ADDRESS	2213 SE 32ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD Willis	
STREET ADDRESS	5305 DARBY CT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN OUELLETT	
STREET ADDRESS	1102 SE 21ST AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD HOUSER	
STREET ADDRESS	4019 SW 29TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK O'BRIEN	
STREET ADDRESS	2804 SE 22ND AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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: William Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)