

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711592

Entity Name

OCALA POWER SQUADRON, INC.

FILED

May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90174 022 \*\*\*\*61.25

Principal Place of Business P. O. BOX 2113 FL 34478-2113	Mailing Address P. O. BOX 2113 OCALA FL 34478-2113 US
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1832265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIELDS, WALTER C NW 68TH AVE FL 34482	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
Walter C Fields, WALTER C. FIELDS 4/29/2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
ADDRESS ST-ZIP LTCD SNERD, DAVID 1503 SW 1ST AVE OCALA FL 34474-4005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CDR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP CDR FIELDS, WALTER C 3355 71 W 68 AVE OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP LTCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP LTCD FIELDS, NORMA A 3355 NW 68 AVE OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP TCD FIELDS, WALTER C 3355 NW 68TH AVE OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP LTC LOCHMANN, NANCY 6686 CHERRY ROAD OCALA FL 34472-8657	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP TCD BRANNON, JAMES W 10489 SE 101 AVE ROAD BELLEVUE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: WALTER C FIELDS, WALTER C FIELDS 4/29/2000 (352) 29-6871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)