

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713923

1. Entity Name

CORAL RIDGE POWER SQUADRON, INC.

Principal Place of Business

1537 E. HILLSBORO BLVD., #441  
DEERFIELD BEACH FL 33441  
US

Mailing Address

1537 E. HILLSBORO BLVD., #441  
DEERFIELD BEACH FL 33441-4309  
US

2. Principal Place of Business

BLK 1

Suite, Apt. #, etc.

BLK 1

City & State

BLK 1

Zip

BLK 1

Country

USA

3. Mailing Address

BLK 1

Suite, Apt. #, etc.

BLK 1

City & State

BLK 1

Zip

BLK 1

Country

USA

6. Name and Address of Current Registered Agent

KALT, LOYD E TREAS  
1537 E. HILLSBORO BLVD., #441  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

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

*Loyd E. Kalt, Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-2000

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

|                                                |                                                                             |                                            |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEO<br>RAMEY, ELLEN S<br>2472 SE 12TH ST<br>POMPAHO BEACH FL 33062          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>BARNES, DONALD W<br>4201 NW 34TH WAY<br>FT. LAUDERDALE FL 33309       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BLADE, JANET S<br>3120 NW 67TH CT<br>FT. LAUDERDALE FL 33309          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KALT, LOYD E<br>1537 E HILLSBORO BLVD #441<br>DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>LAURA M. TENTERO<br>3100 N.E. 28 ST #501<br>FT. LAUDERDALE, FL 33308     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DONNA S. McDONOUGH<br>2121 S. OCEAN BLVD #502<br>POMPAHO BEACH, FL 33062 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OK                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Loyd E. Kalt, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90176 035 \*\*\*\*61.25

LUU30700



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6210249 Applied For Not Applicable

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

CR2E037 (9/99)

4-6-2000 954-427-0533