## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2002 8:00 am § Secretary of State **DOCUMENT # 713923** 1. Entity Name 04-09-2002 91161 046 \*\*\*\*61.25 CORAL RIDGE SAIL AND POWER SQUADRON, INC. Principal Place of Business Mailing Address 1537 E. HILLSBORO BLVD., #441 1537, E. HILLSBORO BLVD., #441 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 us : 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6210249 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired A 2 U u sa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KALT, LOYD E TREAS 1537 E. HILLSBORO BLVD., #441 **DEERFIELD BEACH FL 33441** City 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. 3-30-02 SIGNATURE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE SD ☐ Delete TITLE Change Addition NAME BLADE, JANET S NAME STREET ADDRESS STREET ADDRESS 3120 NW 67TH CT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 TITI F ☐ Delete ☐ Addition ☐ Change NAME KALT, LOYD E STREET ADDRESS STREET ADDRESS 1537 E HILLSBORO BLVD #441 CITY-ST-ZIP CITY:: ST-ZIP DEERFIELD-BEACH-FL-33441--TITLE TITLE ☐ Addition NAME IMHOF CARIN TEATERO, LAURA M NAME STREET ADDRESS 36 MEACHAN LANE STREET ADDRESS 3100 NE 28ST #501 CITY-ST-ZIP CITY-ST-7IP <u>FORT LAUDERDALE FL 33308</u> TAMARAC, FL 33319 TITLE ☐ Addition NAME MILITELLO, ANTHONY NAME STREET ADDRESS STREET ADDRESS 3304 SW 14 ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.