2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90116 005 ****61.25

DOCUMENT # 714016

1. Entity Name

FORT WALTON SAIL AND POWER SQUADRON OF UNITED ST

Principal Place of Business	Mailing Address
179 GREENACRES ROAD P. O. BOX 1461 FORT WALTON. BEACH FL 32549	P.O. BOX 1461 FT. WALTON BCH. FL 32549-1461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
404 GREEN ACRES RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT WALTON BEACH	City & State: FL
Zip: 32548 Country: OKALOOSA	Zip: Country:

4. FEI Number: 71-4016560 ☐ Applied For ☐ Not Applicable

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
PURCELL, CHARLES K. 1292 BAYSHORE DRIVE VALPARAISO FL 32580	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GERCAK, KAREN 26A BEAL PARKWAY FT. WALTON BEACH FL 32548	☐ Delete	P HUGLI, WILBUR 12 NW BAYOU WOODS CT FT. WALTON BEACH, FL 32548	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DODSON, WILLIAM R 35 THIRD AVE. SHALIMAR FL 32579	☑ Delete	V HENKLE, EDWARD B. 1457 OAKMONT PL NICEVILLE, FL 32578	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUTTO, CARL M 129 GAIL LA RUE FT WALTON BEACH FL 32547	☐ Delete	LIVESAY, JAMES SID 26 EIGHT ST SHALIMAR, FL 32579	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEVITT, JOHN C 844 OVERBROOK DR. FT. WALTON BCH. FL 32547	☑ Delete	SD GERCAK, KAREN 91A BEAL PARKWAY FT. WALTON BEACH, FL 32548	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTON, ALLEN H 701 OVERBROOK DRIVE FT. WALTON BEACH FL 32547	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HUGLI, WILBUR G 12 NW BAYOU WOODS CT. FT. WALTON BCH. FL 32549	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED CARL M. HUTTO 23 JAN 00 850-863-1374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #