

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90112 024 ****61.25

DOCUMENT # 722044

1. Entity Name

NAPLES POWER SQUADRON, INC.

(Handwritten initials)

Principal Place of Business

297 AIRPORT RD N
 NAPLES FL 33942

Mailing Address

297 AIRPORT RD N
 NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6209881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KILLEU, MARIANNE
6950 HUNTERS RD
NAPLES FL 34409

7. Name and Address of New Registered Agent

Name **ELLEN MCKINNEY**
 Street Address (P.O. Box Number is Not Acceptable)
1898 MISSION DR
 City **NAPLES** FL Zip Code **34109**

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)* **ELLEN MCKINNEY** **6/30/01**
 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

TITLE	VD	☐ Delete
NAME	SANDERS, ERNEST G.	
STREET ADDRESS	257 DEERWOOD CIRCLE UNIT #1	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	☐ Delete
NAME	IRVING, EDWARD	
STREET ADDRESS	27760 RIVERWALK WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	☐ Delete
NAME	LANE, JANET	
STREET ADDRESS	1560 DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	PD	☐ Delete
NAME	WARD, ARCHIE	
STREET ADDRESS	199 LADY PALM DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☐ Delete
NAME	LLOMPART, JOSE	
STREET ADDRESS	1983 E. CROWN PT, BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☐ Delete
NAME	KILLEN, MARIANNE	
STREET ADDRESS	69650 HUNTERS RD	
CITY-ST-ZIP	NAPLES FL 34109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	☐ Change ☒ Addition
NAME	Ellen McKinney	
STREET ADDRESS	1898 Mission Dr	
CITY-ST-ZIP	Naples FL 34109	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *(Signature)* **ELLEN MCKINNEY** **6/30/01** **5927124**
 SIGNATURE REQUIRED

0005453

CR2E037 (10/00)