

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90086 028 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 729820

1. Entity Name

SEMINOLE POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

C/O GELPI, RAFAEL
 371 HOUND RUN PLACE
 CASSELBERRY FL 32707
 US

C/O GELPI, RAFAEL
 371 HOUND RUN PLACE
 CASSELBERRY FL 32707-4710
 US

2. Principal Place of Business

973 SEQUOIA DRIVE

3. Mailing Address

973 SEQUOIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Winter Springs FL

4. FEI Number

23-7335588

Applied For

Not Applicable

Zip

FL 32708

Country

Seminole

Zip

32708

Country

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

GELPI, RAFAEL
 371 HOUND RUN PLACE
 CASSELBERRY FL 32707

Name

Charles Nettles

Street Address (P.O. Box Number is Not Acceptable)

973 SEQUOIA DRIVE

City

Winter Springs

FL

Zip Code

32708

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

Charles Nettles

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

3/21/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CLARENCE H	
STREET ADDRESS	577 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, ALBERT W	
STREET ADDRESS	4221 LORI LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, PETER	
STREET ADDRESS	1260 N. MARYLAND ST.	
CITY-ST-ZIP	SANFORD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GELPI, RAFAEL	
STREET ADDRESS	371 HOUND RUN PLACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULCHI, JAMES	
STREET ADDRESS	609 BIRCH BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-5405	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARIANY, LOUIS J JR.	
STREET ADDRESS	1142 BRANTLEY ESTATE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PETER H.	
STREET ADDRESS	1260 N. MARYLAND ST	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEDER, ROBERT S	
STREET ADDRESS	2440 LAKE VISTA Court #112	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASPER, DAVID W	
STREET ADDRESS	987 North JERICHO DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32714	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NETTLES, Charles A	
STREET ADDRESS	973 SEQUOIA DRIVE	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REIO, Robert B	
STREET ADDRESS	737 Kissimmee Place	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

DATE

407-695-5759

Daytime Phone #

CR2E037 (9/99)