

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90055 013 ****70.00

DOCUMENT # 729820

1. Entity Name

SEMINOLE POWER SQUADRON, INC.

Principal Place of Business

C/O GELPI, RAFAEL
973 SEQUOIA DRIVE
WINTER SPRINGS FL 32708
US

Mailing Address

C/O GELPI, RAFAEL
973 SEQUOIA DRIVE
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

Bob Feder

Suite, Apt. #, etc.

2440 Lake Vista Court

Casselberry, FL. #112

Zip

32707

Country

USA

3. Mailing Address

Jim Chamberlin

Suite, Apt. #, etc.

131 E. Highbanks Rd

De Bary, FL.

Zip

32713

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7335588

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETTIER, CHARLES
973 SEQUOIA DRIVE
WINTER SPRINGS FL 327-089Y

7. Name and Address of New Registered Agent

Name

Jim Chamberlin

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

131 E. Highbanks Rd.

City

De Bary

FL

Zip Code

32713

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

Bob Feder

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	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, PETER H	
STREET ADDRESS	1260 N. MARYLAND STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FEDER, ROBERT S	
STREET ADDRESS	2440 LAKE VISTA COURT #112	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JASPER, DAVID W	
STREET ADDRESS	987 NORTH JERICO DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NETTLES, CHARLES A	
STREET ADDRESS	973 SEQUOIA	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REICO, ROBERT	
STREET ADDRESS	737 KISSIMMEE PLACE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARIANY, LOUIS J JR.	
STREET ADDRESS	1142 BRANTLEY ESTATE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Feder	
STREET ADDRESS	2440 Lake Vista Court #112	
CITY-ST-ZIP	Casselberry, FL. 32707	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lou Nannany	
STREET ADDRESS	33 E Rosevear Street	
CITY-ST-ZIP	Orlando, FL. 32804	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Corsones	
STREET ADDRESS	1108 Superior Court	
CITY-ST-ZIP	Wintersprings, FL. 32708	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Chamberlin	
STREET ADDRESS	131 E. Highbanks Rd.	
CITY-ST-ZIP	De Bary FL. 32713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferry Hillick	
STREET ADDRESS	1408 Hampstead Terrace	
CITY-ST-ZIP	Oviedo, FL. 32765	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Feder	
STREET ADDRESS	2440 Lake Vista Court #112	
CITY-ST-ZIP	Casselberry, FL. 32707	

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:

Bob Feder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)