

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90131 025 ****70.00

DOCUMENT # 729820

1. Entity Name

SEMINOLE POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

BOB FEDER
2440 LAKE VISTA COURT
CASSELBERRY FL 32707
US

JIM CHAMBERLIN
131 E Highbanks RD
DEBARY FL 32713
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Roberta M. Corsones

1108 Superior Court

Winter Springs Fl.

32708

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

7. Name and Address of New Registered Agent

CHAMBERLIN, JIM
131 E HIGHLANDS RD
DEBARY FL 32713

Name Roberta M. Corsones

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

1108 Superior Court

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

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 P
NAME FEDER, BOB
STREET ADDRESS 2440 LAKE VISTA COURT #112
CITY-ST-ZIP CASSELBERRY FL 32707
☒ Delete

TITLE Treasurer
NAME Roberta M. Corsones
STREET ADDRESS 1108 Superior Court
CITY-ST-ZIP Winter Springs Fl. 32708
☐ Change ☒ Addition

TITLE VP
NAME NARIANY, LOU
STREET ADDRESS 33 E ROSEVEAR STREET
CITY-ST-ZIP ORLANDO FL 32804
☐ Delete

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE D
NAME CORSONES, GEORGE
STREET ADDRESS 1108 SUPERIOR COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME CHAMBERLIN, JIM
STREET ADDRESS 131 E Highbanks RD
CITY-ST-ZIP DEBARY FL 32713
☐ Delete

TITLE Director
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE D
NAME HILICK, TERRY
STREET ADDRESS 1408 HAMPSTEAD TERRACE
CITY-ST-ZIP OVIEDO FL 32765
☐ Delete

TITLE Vice-President
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE S
NAME FEDER, KATHY
STREET ADDRESS 2440 LAKE VISTA COURT 112
CITY-ST-ZIP CASSELBERRY FL 32707
☒ Delete

TITLE Secretary-E
NAME Edward Stork
STREET ADDRESS 2698 Howland Blvd.
CITY-ST-ZIP Deltona Fl. 32735
☐ Change ☒ Addition

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.

ORLA CHAMBERLIN

SIGNATURE:

SIGNATURE REQUIRED

1-18-02 386-668-2745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)