

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90298 028 ****61.25

DOCUMENT # 737965

1. Entity Name

BOCA CIEGA SAIL AND POWER SQUADRON, INC.

Principal Place of Business

Mailing Address

130 126TH AVENUE EAST
 TREASURE ISLAND FL 33706

130 126TH AVENUE EAST
 TREASURE ISLAND FL 33706-5000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-1715554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIER, DONALD L
13323 87 TH. PL. N.
SEMINOLE FL 33776

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 Delete
 NAME **D KANE, JOSEPH**
 STREET ADDRESS **7957 TENTH AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RIFE, DONALD L.**
 STREET ADDRESS **180 137TH AVE CIRCLE**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE Change Addition
 NAME **D PETROCCO, ANTHONY J.**
 STREET ADDRESS **4400 45 TH. ST. S.**
 CITY-ST-ZIP **ST. Petersburg, FL. 33711-4436**

TITLE Delete
 NAME **T GRIER, DONALD**
 STREET ADDRESS **13323 87 TH. PL. N.**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EHLY, GERALD**
 STREET ADDRESS **810 116 TH. AVE.**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE Change Addition
 NAME **D BAYLES, MARVIN A**
 STREET ADDRESS **936 PINELLAS BAYWAY**
 CITY-ST-ZIP **TIERRA VERDE, FL. 33715-2158**

TITLE Delete
 NAME **S DECLERCQ, JERMONE**
 STREET ADDRESS **1220 16 TH. CT. SW**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE Change Addition
 NAME **S LANPHEAR, PATTI**
 STREET ADDRESS **6842 16 TH. PL. N # 741**
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33710**

TITLE Delete
 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: Donald L. Grier **DO NOT SIGN HERE** **DO NOT SIGN HERE** **DO NOT SIGN HERE** **L. GRIER** 2-10-2000 727-391-1183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)