

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-07-2001 90612 003 ****61.25

DOCUMENT # 737965

1. Entity Name
BOCA CIEGA SAIL AND POWER SQUADRON, INC.

Principal Place of Business 130 126TH AVENUE EAST TREASURE ISLAND FL 33706	Mailing Address 130 126TH AVENUE EAST TREASURE ISLAND FL 33706
--	--

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 <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Donald L Grier DATE 3/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KANE, JOSEPH	
STREET ADDRESS	7957 TENTH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETROCCO, ANTHONY J	
STREET ADDRESS	4400 45TH ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711-4436	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIER, DONALD	
STREET ADDRESS	13323 87 TH. PL. N.	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYLES, MARVIN A	
STREET ADDRESS	938 PINELLAS BAYWAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715-2158	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LANPHEAR, PATTI	
STREET ADDRESS	6842 16TH PL. N #741	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewer, Michael	
STREET ADDRESS	12680 Ridge Road	
CITY-ST-ZIP	Largo, Fl. 33778-2840	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewer, Jerry L	
STREET ADDRESS	12680 Ridge Road	
CITY-ST-ZIP	Largo, Fl. 33778-1812	
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: Donald L Grier **SIGNATURE REQUIRED** DATE 3/5/01 727-391-1183
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)