2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90151 029 ****61.25

DOCUMENT # 739370

1. Entity Name

SAN CARLOS BAY POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5026 FORT MYERS BEACH FL 33932	P.O. BOX 5026 FORT MYERS BEACH FL 33932-5026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7027967 ☐ 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
COWAN, DORIS J 1477 SANDLEWOOD DR #E FT MYERS FL 33919	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, WILLIAM D 5260 S LANDING DR, #604 FT MYERS FL 33919	■ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Lum David W 8387 Estero Blvd Ft. Myers Beach Fla. 33931	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUBER, HAROLD L 4623 BAY BCH LANE #811 FT MYERS BCH FL 33931	■ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D Peacock Donald 4451 Bay Beach Lane #423 Ft. Myers Beach Fla. 33931	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTES, HELEN C 3804 CARDINAL CIR BONITA SPRINGS FL	■ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Evans Ronald J 18016 San Carlos Blvd. #47 Ft. Myers Beach Fla. 33931	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COWAN, ROBERT W 1477 SADDLEWOOD DR, #7E FT MYERS FL 33919	■ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Grinter Robert B 111 Falkirk Avenue Ft. Myers Beach Fal. 33931	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULHOLLAND, JOHN J 321 SEMONOLE WAY FT MYERS BCH FL	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blumenfeld Gerald J 9545 Mariners Cove Lane Ft. Myers Fla 33919	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUM, DAVID W 8387 ESTERO BLVD FT MYERS BCH FL 33931	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cowan Doris J 1477 Saddlewoode Dr. #7 Ft. Myers Fla. 33919	■ Change ☐ Addition

CR2E037 (9/99)

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: Doris J Cowan 4-18-2000 941-437-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #