2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90948 002 ****61.25

DOCUMENT # 739370

1. Entity Name

SAN CARLOS BAY SAIL & POWER SQUADRON INC

B0057099

DO NOT WRITE IN THIS SPACE

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

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: Doris Cowan Street Address (P.O. Box Number is Not Acceptable): 1477 Saddlewood Dr. #E City: Ft. Myers FL Zip Code: 33919

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: Doris J Cowan 3-19-02

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	
LE / TITLE	D	☐ Delete	TITLE D	☐ Change ☐ Addition
ME / NAME	MCPHAIL, DOY		NAME	Samuel Eastman
REET ADDRESS / STREET ADDRESS	4800 ALBACORE LANE		STREET ADDRESS	3511 Harbor Ct
Y-ST-ZIP / CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP	Ft. Myers Florida 33908
LE / TITLE	D	☒ Delete	TITLE D	☐ Change ☐ Addition
ME / NAME	PEACOCK, DONALD		NAME	McPhail Doy
REET ADDRESS / STREET ADDRESS	2126 SE 10TH TERRACE		STREET ADDRESS	4800 Albacore Lane
Y-ST-ZIP / CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP	Ft. Myers Florida 33919
E / TITLE	D	☐ Delete	TITLE D	☐ Change ☒ Addition
ME / NAME	EASTMAN, SAMUEL		NAME	Block Peter
EET ADDRESS / STREET ADDRESS	5800 TURBAN CT		STREET ADDRESS	5411 Harborage Dr.
-ST-ZIP / CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP	Ft. Myers Florida 33908
E / TITLE	D	☐ Delete	TITLE D	☐ Change ☒ Addition
ME / NAME	COWAN, DORIS		NAME	Estes Helen
EET ADDRESS / STREET ADDRESS	1477 SADDLE WOODS DR		STREET ADDRESS	3804 Cardinal Circle
-ST-ZIP / CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP	Bonita Springs Florida 34134
E / TITLE	D	☒ Delete	TITLE D	☐ Change ☐ Addition
ME / NAME	GRINTER, ROBERT		NAME	Cowan Doris
EET ADDRESS / STREET ADDRESS	111 FALKIRK AVE		STREET ADDRESS	1477 Saddlewoode Dr.
-ST-ZIP / CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP	Ft. Myers Florida 33919
E / TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
ME / NAME	BLUMENFELD, GERALD		NAME	
ET ADDRESS / STREET ADDRESS	9545 MARINERS COVE LANE		STREET ADDRESS	
-ST-ZIP / CITY-ST-ZIP	FORT MYERS FL 33919-4205		CITY-ST-ZIP	

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.

CR2E037 (9/01)