

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90143 005 ****61.25

DOCUMENT # 739370

1. Entity Name

SAN CARLOS BAY SAIL & 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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 SADDLEWOOD 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Doris Cowan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MCPHAIL, DOY**
STREET ADDRESS **4800 ALBACORE LANE**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **D WILLIAM D WAITERS**
STREET ADDRESS **5260 S LANDING DR #604**
CITY-ST-ZIP **FORT MYERS, FL 33919-4675**

TITLE **D** ☐ Delete
NAME **MCPHAIL, DOY**
STREET ADDRESS **4800 ALBACORE LANE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **HELEN K ALLES**
STREET ADDRESS **10803 ROSEMONT**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **D** ☐ Delete
NAME **EASTMAN, SAMUEL**
STREET ADDRESS **5800 TURBAN CT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☒ Change ☐ Addition
NAME **HELEN K ESTES**
STREET ADDRESS **11250 CARAVEL CIRCLE #201**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ Delete
NAME **COWAN, DORIS**
STREET ADDRESS **1477 SADDLEWOOD DR**
CITY-ST-ZIP **FT MYERS FL 33919**

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

TITLE **D** ☐ Delete
NAME **ESTES, HELEN**
STREET ADDRESS **3804 CARDINAL CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **D** ☐ Delete
NAME **BLOCK, PETER**
STREET ADDRESS **5411 HARBORAGE DR**
CITY-ST-ZIP **FORT MYERS FL 33908**

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: *HELEN K ESTES* *1-16-03* *2394890240*

CR2E037 (10/02)