

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751082

1. Entity Name

MARATHON POWER SQUADRON, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90038 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 938  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

P.O. BOX 938  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050-2235

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

59-6152243

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

MILLER, ROBERT K  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

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	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, GEOFFREY	
STREET ADDRESS	PO BOX 501384	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	<del>TD</del>	<input type="checkbox"/> Delete
NAME	BRADY, WILLIAM H. JR	
STREET ADDRESS	7760 AVIATION BLD	
CITY-ST-ZIP	MARATHON FL	
TITLE	<del>VPD</del> PD	<input type="checkbox"/> Delete
NAME	ABSTEN, GREGORY	
STREET ADDRESS	940 30TH STREET B13 30th ST	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JANOWICH, VINCENT	
STREET ADDRESS	240 BRUCE CT 825 33rd ST	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUCREMANNE, JOSEPH	
STREET ADDRESS	516 SOMBRERO BEACH ROAD	
CITY-ST-ZIP	MARATHON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRADY, EDITH F	
STREET ADDRESS	7760 AVIATION BLVD.	
CITY-ST-ZIP	MARATHON FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN JANOWICH	
STREET ADDRESS	825 33rd ST	
CITY-ST-ZIP	Marathon FL 33050	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Miller	
STREET ADDRESS	305 SOMBRERO BLVD	
CITY-ST-ZIP	Marathon FL 33050	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Jensen	
STREET ADDRESS	170 Gulf View Dr	
CITY-ST-ZIP	Islamorada FL 33036	
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		

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:

*Gregory Absten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 3052899056

CR2E037 (9/99)