

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42013

1. Entity Name

APOLLO BEACH SAIL AND POWER SQUADRON INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90036 002 ****61.25

Principal Place of Business Mailing Address
 CALVARY EVANGELICAL CHURCH P.O. BOX 3706
 5309 US HWY 41 N APOLLO BEACH FL 33572-3706
 APOLLO BEACH FL 33572
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2910390		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HABERL, ANGELA T 11322 BLACKBARK DR RIVERVIEW FL 33569				Name <i>Sue Blanton</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>6627 Dolphin Cove Dr</i>			
				City <i>Apollo Beach</i>		FL	

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 _____ DATE _____
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFUHLER, JOHN L 806 CHIPAWAY DR. APOLLO BEACH FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bieri Martha</i> <i>705 Flamingo Dr</i> <i>Apollo Beach, FL 33572</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIERI, MARTHA 706 FLAMINGO DR. APOLLO BEACH FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>marrone, Nancy lee</i> <i>6010 murree rd</i> <i>Tampa, FL 33619</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANTON, RANDY 6519 BIMINI CT. APOLLO BEACH FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HABERL, ANGELA 6514 BIMINI CT. APOLLO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sue Blanton</i> <i>6627 Dolphin Cove Dr</i> <i>Apollo Beach, FL 33572</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sue Blanton* **Sue Blanton** 4-27-00 813-645-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)