

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90131 005 ****61.25

DOCUMENT # N42013

1. Entity Name

APOLLO BEACH SAIL AND POWER SQUADRON INC.

Principal Place of Business

Mailing Address

**CALVARY EVANGELICAL CHURCH
 5309 US HWY 41 N
 APOLLO BEACH FL 33572
 US**

**P.O. BOX 3706
 APOLLO BEACH FL 33572**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLANTON, SUE
 6627 DOLPHIN COVE
 APOLLO BEACH FL 33572**

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 PD ☒ Delete
 NAME ~~PFUHLER, JOHN L~~
 STREET ADDRESS ~~806 CHIPAWAY DR~~
 CITY-ST-ZIP ~~APOLLO BEACH FL 33572~~

TITLE PD ☒ Change ☐ Addition
 NAME George Lawrence
 STREET ADDRESS 925 Spindle Palm way
 CITY-ST-ZIP Apollo Beach, FL 33572

TITLE VD ☒ Delete
 NAME ~~BIERI, MARTHA~~
 STREET ADDRESS ~~705 FLAMINGO DR.~~
 CITY-ST-ZIP ~~APOLLO BEACH FL 33572~~

TITLE VD ☒ Change ☐ Addition
 NAME Leo Wise
 STREET ADDRESS 915 Chipaway Dr
 CITY-ST-ZIP Apollo Beach, FL 33572

TITLE SD ☐ Delete
 NAME BLANTON, RANDY
 STREET ADDRESS 6519 BIMINI CT.
 CITY-ST-ZIP APOLLO BEACH FL 33572

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

TITLE TD ☒ Delete
 NAME ~~HABERL, ANGELA~~
 STREET ADDRESS ~~6514 BIMINI CT.~~
 CITY-ST-ZIP ~~APOLLO BEACH FL~~

TITLE TD ☒ Change ☐ Addition
 NAME Sue Blanton
 STREET ADDRESS 6627 Dolphin Cove Dr
 CITY-ST-ZIP Apollo Beach, FL 33572

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Sue Blanton* **1-29-01** **813-645-2039**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR/015

CR2E037 (10/00)