

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000848

1. Entity Name

YESTERYEAR ANTIQUE POWER ASSOCIATION, INC.

Principal Place of Business

4279 LEO LANE
PALM BEACH GARDENS FL 33410
US

Mailing Address

4279 LEO LANE
PALM BEACH GARDENS FL 33410
US

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

65-0679203

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

RYAN, JAMES D
11891 US HIGHWAY ONE, STE. 201
NORTH PALM BEACH FL 33408

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 P
NAME PEREZ, JOHNNY
STREET ADDRESS P.O. BOX 101
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

TITLE P
NAME PEREZ, JOHNNY
STREET ADDRESS 15393 75TH WAY N.
CITY-ST-ZIP PALM BCH GARDENS, FL 33418 ☒ Change ☐ Addition

TITLE VP
NAME RICHARDSON, STEVE
STREET ADDRESS 701 S.W. 18TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33315 ☐ Delete

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

TITLE ST
NAME WAGNER, MARGARET
STREET ADDRESS 4279 LEO LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE D
NAME BYRNES, RICK
STREET ADDRESS 16356 SECRETARIAT DRIVE E
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete

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

TITLE D
NAME KNITTEL, BOBBY
STREET ADDRESS 4379 TELLIN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

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

TITLE D
NAME REILLY, TERRI
STREET ADDRESS 7222 OAKMONT DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 02 561-743-1857

Date

Daytime Phone #

CR2E037 (9/01)