

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90959 031 \*\*\*\*61.25

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PEREZ, JOHNNY	15393 75TH WAY	PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/>
VP	RICHARDSON, STEVE	701 S.W. 18TH COURT	FT. LAUDERDALE FL 33315	<input type="checkbox"/>
ST	WAGNER, MARGARET	4279 LEO LANE	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
D	BYRNES, RICK	16356 SECRETARIAT DRIVE E	LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/>
D	KNITTEL, BOBBY	4379 TELLIN AVENUE	WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/>
D	REILLY, TERRI	7222 OAKMONT DRIVE	LAKE WORTH FL 33467	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	TERRI REILLY	7222 OAKMONT DRIVE	LAKE WORTH FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	ROBERT ENGLE	8171 112TH TERRACE NORTH	PALM BEACH GARDENS FL 33412	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	BRIAN McCAMISH	1133 BENOIST FARMS ROAD	WEST PALM BEACH FL 33411	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOHNNY PEREZ	15393 75TH WAY NORTH	PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	CLAUS VON GROTE	14916 GRUBER LANE NORTH	LOXAHATCHEE GROVES FL 33470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **MARGARET D WAGNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/03**

**561-845-0280**

CR2E037 (10/02)