

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 011 ****61.25

DOCUMENT # 703345

1. Entity Name

COLUMBIA CORPORATION OF ST. PETERSBURG, INC.



Principal Place of Business

**2340-64TH STREET N
SAINT PETERSBURG FL 33710**

Mailing Address

**2340-64TH STREET N
ST. PETERSBURG FL 33733**

2. Principal Place of Business

3. Mailing Address

2340-64 ST. N. ST PETERSBURG

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL - 33710

City & State

City & State

4. FEI Number **59-6176801**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI, LEON L.
2340-64TH ST. N.
ST. PETERSBURG FL 33710**

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 **P** ☐ Delete
NAME **MIAMI, LEON L**
STREET ADDRESS **2840 64TH STREET NO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **VP** ☒ Delete
NAME **PAPE, ANTHONY**
STREET ADDRESS **1695 56TH STREET NO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VP** ☐ Change ☒ Addition
NAME **THOMAS REILLEY SR.**
STREET ADDRESS **7777-46 AVE. NO. #31**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **SD** ☐ Delete
NAME **HUTCHINSON, SHELDON**
STREET ADDRESS **4051 60TH WAY N**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

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

TITLE **D** ☒ Delete
NAME **MILLER, SR. D**
STREET ADDRESS **3128 59TH STREET S**
CITY-ST-ZIP **GULFPORT FL**

TITLE **D** ☐ Change ☐ Addition
NAME **WILLIAM DOUGHERTY**
STREET ADDRESS **1375 PASADENA AVE. SO. # 319**
CITY-ST-ZIP **SO. PASADENA. FL 33707**

TITLE **T** ☐ Delete
NAME **SMITH, JOSEPH K.**
STREET ADDRESS **2946 - 60TH STREET, N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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:

SIGNATURE REQUIRED

LEON L. MIAMI 4/27/03 727-347-5229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)