

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708014

1. Entity Name

COLUMBIAN BUILDING ASSOCIATION OF WEST PALM BEAC

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90029 026 ****61.25

Principal Place of Business

Mailing Address

1155 S CONGRESS AVE
P. O. BOX 1787
WEST PALM BCH FL 33406
US

P.O. BOX 21584
WEST PALM BEACH FL 33416-1584
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

59-1466100

Applied For

Not Applied

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

YEAGER, THOMAS
2250 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SERRAES, EUGENE E	
STREET ADDRESS	500 XANADOUGENE E	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRAES, MARTIN	
STREET ADDRESS	5137 EL CLARO CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCENTALES, EDWARD	
STREET ADDRESS	205 AVILA ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISCHER, MICHAEL E	
STREET ADDRESS	2820 CHEROKEE RD	
CITY-ST-ZIP	WEST PALM BCH. FL 33406	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTMAN, ROME	
STREET ADDRESS	2405 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BARATTINI, ROBERT W.	
STREET ADDRESS	2000 N. CONGRESSES AVE., LOT 37	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ROBERT CHASSE	
STREET ADDRESS	2547 MEADOW COURT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

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
Signature and Typed Name of Signing Officer or Director

Date

Daytime Phone #

2/6/00

561-641-5211