

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-21-2002 90146 049 ****61.25

DOCUMENT # 708682

1. Entity Name

THE COLUMBIAN CORPORATION OF DUNEDIN, INC.

Principal Place of Business

Mailing Address

**1251 SAN CHRISTOPHER DRIVE
 K OF C
 DUNEDIN FL 34698**

**1251 SAN CHRISTOPHER DRIVE
 DUNEDIN FL 34698**

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

51-0184003

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

Name

ROBERT J. KELLY, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

605 PALM BOULEVARD

City

DUNEDIN

FL

**Zip Code
 34697**

**UBER, JR., WILLIAM F.
 605 PALM BLVD., SUITE A
 DUNEDIN FL 33528**

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]

ROBERT J. KELLY

02/08/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, JOHN	
STREET ADDRESS	2257 LAGOON DR	
CITY-ST-ZIP	DUNEDIN FL 34698-2531	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANLEY, HUGH	
STREET ADDRESS	P O BOX 528	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAGER, JOHN V	
STREET ADDRESS	434 HELEN STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLS, MICHAEL J	
STREET ADDRESS	2593 COUNTRYSIDE BLVD #101	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUELLER, WILLIAM P	
STREET ADDRESS	4926 PARSON BROWN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEARY, MICHAEL	
STREET ADDRESS	2293 SWEDISH DR #53	
CITY-ST-ZIP	CLEARWATER FL 33763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK CARPENTER	
STREET ADDRESS	1238 061000A CT	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A HILBERT	
STREET ADDRESS	783 LAKESIDE DR.	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM P. MUELLER

02-08-02

727-786-5214

Date

Daytime Phone #

CR2E037 (9/01)