

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90062 042 *****61.25

DOCUMENT # 708682

1. Entity Name

THE COLUMBIAN CORPORATION OF DUNEDIN, INC.



Principal Place of Business

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

Mailing Address

**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

**KELLY, ROBERT J-ESQ
605 PALM BLVD.
DUNEDIN FL 33528**

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	D	<input type="checkbox"/> Delete
NAME	CARPENTER, FREDERICK	
STREET ADDRESS	1238 CORDOVA CT	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILGERT, RICHARD A	
STREET ADDRESS	783 LAKESIDE DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	MUELLER, WILLIAM P	
STREET ADDRESS	4926 PARSON BROWN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEARY, MICHAEL	
STREET ADDRESS	2293 SWEDISH DR #53	
CITY-ST-ZIP	CLEARWATER FL 33763	

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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOSTOL, WILLIAM E.	
STREET ADDRESS	58 LEXINGTON DR	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, JOHN W.	
STREET ADDRESS	436 HELEN STREET	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, ERNIE R.	
STREET ADDRESS	2771 5th COURT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	

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:

Relative Signature Required

APRIL 1, 2003 (727) 733-3871

CR2E037 (10/02)