

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713530

1. Entity Name

COLUMBUS CLUB OF SANFORD, INCORPORATED.

**FILED**  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90064 041 \*\*\*\*61.25

C0010611



DO NOT WRITE IN THIS SPACE

|                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>P.O. BOX 472<br>SANFORD FL 32772-0472 | Mailing Address<br>P.O. BOX 472<br>SANFORD FL 32772-0472 |
|----------------------------------------------------------------------|----------------------------------------------------------|

|                                                                                      |  |                                                                          |  |
|--------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |  |
|--------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-6481768                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

6. Name and Address of Current Registered Agent

SAYERS, COLIN B.  
104 COUNTRY CLUB CIRCLE  
SANFORD FL 32772

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                             |                                                                                                                 |                                              |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                                                                    |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SAYER COLIN B<br>104 COUNTRY CLUB CIRCLE<br>SANFORD FL<br><input type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SOBOTKA, BILL A<br>139 BRANDIWOOD COURT<br>DEBARY FL 32713<br><input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | R<br>TROUT, JON W<br>301 WEST 8TH STREET<br>SANFORD FL 32771<br><input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>VILLALOBOS, EDWARD J<br>306 E 21 ST<br>SANFORD FL 32771<br><input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CONNIFF, DANIEL<br>594 YORKSHIRE DRIVE<br>OVIEDO FL<br><input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ZANNIE, ALFRED<br>1229 LAKE LUCERNE CIRCLE<br>WINTER SPRINGS FL<br><input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                            |                                                                              |
|------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| VP TROUT, JON W<br>301 WEST 8TH STREET<br>SANFORD FL 32771 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| R JOSEPH KOROSAK<br>126 LEA AVE<br>LONGWOOD FL 32750       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| T MARCEL VANDEBEEK<br>115 JUNE ROAD<br>DEBARY FL 32713     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Colin B. Sayer 01/16/01 (407) 688-1071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)