

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90109 019 ****61.25

DOCUMENT # 714337

1. Entity Name

COLUMBIAN ASSOCIATION OF BRADENTON, INC.

Principal Place of Business

Mailing Address

2203 30TH AVENUE WEST
 BOX 1604
 BRADENTON FL 34206

2203 30TH AVENUE WEST
 BOX 1604
 BRADENTON FL 34206-1604

2. Principal Place of Business

3. Mailing Address

2203 30th AVE W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 1604

City & State

City & State

BRADENTON FL

4. FEI Number

59-2189673

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GISCHEL, WALTER E-
 4609 CORAL BLVD
 APT. 320
 BRADENTON FL 34210**

Name

NORMAND E ROY

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

3506 14TH ST W. APT 156

BRADENTON FL

City

FL

Zip Code

34205

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

Normand E Roy Pres. **Normand E Roy Pres.** **1-11-00**

**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	VD	<input type="checkbox"/> Delete
NAME	ROY, NORMAND	
STREET ADDRESS	2514 55TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKELLY, THOMAS	
STREET ADDRESS	4531 CORAL LAKE DRIVE	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARINO, LEO	
STREET ADDRESS	7036 13TH STREET EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GISCHEL, WALTER E	
STREET ADDRESS	4609 CORAL BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JAMES	
STREET ADDRESS	1409 57 STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, ROBT F.	
STREET ADDRESS	6070 ARLENE WAY	
CITY-ST-ZIP	BRADENTON FL 34207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAND ROY	
STREET ADDRESS	3506 14TH ST W APT 156	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL SKELLY	
STREET ADDRESS	4531 CORAL LAKE DR.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	LEO MARINO TRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO MARINO TRS	
STREET ADDRESS	7036 13TH ST E.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	ADVOCATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER E. GISCHEL	
STREET ADDRESS	4609 CORAL BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	RECORDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN TERRYBERRY	
STREET ADDRESS	4812 CORAL BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH GRACIAS	
STREET ADDRESS	3815 38TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	

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

Normand Roy **Normand Roy** **1-11-00** **941-215-20**

Date

Daytime Phone #