

2000 UNIFORM BUSINESS REPORT (UBR)

3/

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

03-06-2000 90009 050 ****61.25

DOCUMENT # 715039

1. Entity Name

KENNEDY COLUMBIAN CLUB, INC.

Principal Place of Business

P.O. BOX 321571
 COCOA BEACH FL 32932
 US

Mailing Address

P.O. BOX 321571
 P.O. BOX 321571
 COCOA BEACH FL 32932-1571
 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

23-7372952

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

MARKOSKY, FRANCIS H
1525 MINUTEMAN CSWY #103
COCOA BEACH FL 32931

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANZULIS, ARTHUR	
STREET ADDRESS	519 SEAPORT BLVD	
CITY-ST-ZIP	CAPE CANAVAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDMAN, RAYMOND	
STREET ADDRESS	1735 RICHARDSON RD.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, RICHARD	
STREET ADDRESS	4015 GATEWOOD ST.	
CITY-ST-ZIP	COCOA FL 32928	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARKOSKY, FRANCIS H	
STREET ADDRESS	1525 MINUTEMAN CSWY #103	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATSON, REDMOND	
STREET ADDRESS	4800 OCEAN BEACH BLVD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDEN, JOHN	
STREET ADDRESS	1595 N ATLANTIC AE 109	
CITY-ST-ZIP	COCOA BEACH FL	

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
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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

4/11/00

321-783-0297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)