

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
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, FRANSIS 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 ☐ Delete  
NAME GRANZULIS, ARTHUR  
STREET ADDRESS 519 SEAPORT BLVD  
CITY-ST-ZIP CAPE CANAVAL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LANDMAN, RAYMOND  
STREET ADDRESS 1735 RICHARDSON RD.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RYAN, RICHARD  
STREET ADDRESS 4015 GATEWOOD ST.  
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MARKOSKY, FRANCIS H  
STREET ADDRESS 1525 MINUTEMAN CSWY #103  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME WATSON, REDMOND  
STREET ADDRESS 4800 OCEAN BEACH BLVD  
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MADDEN, JOHN  
STREET ADDRESS 1595 N ATLANTIC AE 109  
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Change ☐ 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

4/13/01

321-783-0297

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE