2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716234

1. Entity Name

COLUMBIAN CLUB OF SOUTH ORLANDO, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90083 029 ****61.25

Principal Place of Business	Mailing Address
6200 S. ORANGE BLOSSOM TR. P.O.BOX 590544 ORLANDO FL 32859-0544	6200 S. ORANGE BLOSSOM TR. P.O.BOX 590544 ORLANDO FL 32859-0544

DO NOT WRITE IN THIS SPACE

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 23-7137313 ☐ 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
STEPHENS, JOHN C 5335 WHITE CLIFF LN APT 2 ORLANDO FL 32812	Name ALAN. E. SCHLAGTER Street Address (P.O. Box Number is Not Acceptable) 1325 GALSWORTHY AVE. City ORLANDO FL Zip Code 32809

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 Alan E Schlagter Alan E. Schlagter 3-2-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLINS, RICHARD E 2814 HEARTHSTONE WAY ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VINCENT, ROGER P 4308 BRANDEIS AVE ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONIGLIO, FRANK C JR 3991 CARRADALE CT ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANSAG, ROBERTO C 3725 QUANDO CT ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLOUTIER, MAURICE A 314 KRUEGER ST ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, JAMES W 7032 BARBY LN ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEUMS 5705 DELAND LN. ORLANDO FL 32821	☒ Change ☐ Addition

CR2E037 (9/99)

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 Richard E Scott 3-2-2000 407-851-6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #