

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

003414

DOCUMENT # 724159

1. Entity Name

COLUMBINE CONDOMINIUM APARTMENTS, INC. THE

04-28-2001 90004 029 *****61.25

Principal Place of Business

Mailing Address

120 ANCHOR DR
 KEY LARGO FL 33037
 US

120 ANCHOR DR
 KEY LARGO FL 33037
 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

59-1507385

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

MOSS, EVELYN
120 ANCHOR DRIVE
KEY LARGO FL 33037

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 ☐ Delete
 NAME **D PEDERSEN, WILLIAM**
 STREET ADDRESS **120 ANCHOR DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
 NAME **D LEENHOUTS, JAMES**
 STREET ADDRESS **120 ANCHOR DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
 NAME **PD SILKETT, SALLY**
 STREET ADDRESS **120 ANCHOR DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
 NAME **STD CHUBET, KITTY**
 STREET ADDRESS **120 ANCHOR DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
 NAME **POA MOSS, EVELYN**
 STREET ADDRESS **120 ANCHOR DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☒ Delete
 NAME **VD GOOCH, WILLIAM**
 STREET ADDRESS **120 ANCHOR DRIVE**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☒ Addition
 NAME **D Hackbarth, Conde**
 STREET ADDRESS **120 Anchor Drive**
 CITY-ST-ZIP **Key Largo, FL 33037**

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

4-20-01 305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)