

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90012 044 \*\*\*\*61.25

**DOCUMENT # 724726**

1. Entity Name  
**THE WEST VOLUSIA COLUMBIAN CLUB, INC.**

Principal Place of Business 201 SPEEDWAY MEMORIAL HWY. P. O. BOX 601 DELAND FL 32721-0601	Mailing Address 201 SPEEDWAY MEMORIAL HWY. P. O. BOX 601 DELAND FL 32721-0601
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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

4. FEI Number <b>23-7541531</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNSON, F. A.**  
**527 CAMELIA LANE**  
**DELAND FL 32720**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEES 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	P	<input type="checkbox"/> Delete
NAME	<b>HOFFMAN, FRED</b>	
STREET ADDRESS	<b>2518 KRINKLEWOOD DR</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>DUGAN, ROBERT</b>	
STREET ADDRESS	<b>1040 ROLLING ACRES DR</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, F. A.</b>	
STREET ADDRESS	<b>527 CAMELIA LANE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GAUVINE, RONALD</b>	
STREET ADDRESS	<b>1735 HONTOON RD</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FOELKER, DANIEL</b>	
STREET ADDRESS	<b>1701 FOELKER RD.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>KOSTKA, PAUL</b>	
STREET ADDRESS	<b>52 MADERA RD</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAYMOND FOREST</b>	
STREET ADDRESS	<b>462 BARK CIRCLE</b>	
CITY-ST-ZIP	<b>DELAND, FL 32724</b>	

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: **F. A. JOHNSON** **REQUIRED** 2/23/00 304-734-0675

CR2E037 (9/99)