

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90493 018 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7541531

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, F. A.
527 CAMELIA LANE
DELAND FL 32720**

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 **P** Delete
NAME **HOFFMAN, FRED**
STREET ADDRESS **2518 KRINKLEWOOD DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** Change Addition
NAME **Bartman, Arthur**
STREET ADDRESS **1286 Greenland Terr.**
CITY-ST-ZIP **Deland FL 32720**

TITLE **VP** Delete
NAME **DUGAN, ROBERT**
STREET ADDRESS **1040 ROLLING ACRES DR**
CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **JOHNSON, F. A.**
STREET ADDRESS **527 CAMELIA LANE**
CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GAUVINE, RONALD**
STREET ADDRESS **1735 HONTOON RD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FOELKER, DANIEL**
STREET ADDRESS **1701 FOELKER RD.**
CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FOREST, RAYMOND**
STREET ADDRESS **462 BARK CIRCLE**
CITY-ST-ZIP **DELAND FL 32724**

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

3/15/01

Date

(904) 734-4461

Daytime Phone #

CR2E037 (10/00)