

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90037 025 ****61.25

DOCUMENT # 724726

1. Entity Name

THE WEST VOLUSIA COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

201 SPEEDWAY MEMORIAL HWY.
 P. O. BOX 601
 DELAND FL 32721-0601

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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7541531

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

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	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, FRED	
STREET ADDRESS	2518 KRINKLEWOOD DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUGAN, ROBERT	
STREET ADDRESS	1040 ROLLING ACRES DR	
CITY-ST-ZIP	DELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, F. A.	
STREET ADDRESS	527 CAMELIA LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUVINE, RONALD	
STREET ADDRESS	1735 HONTOON RD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOELKER, DANIEL	
STREET ADDRESS	1701 FOELKER RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOREST, RAYMOND	
STREET ADDRESS	462 BARK CIRCLE	
CITY-ST-ZIP	DELAND FL 32724	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter T. Woods	
STREET ADDRESS	869 Liberty Ct.	
CITY-ST-ZIP	Deland FL 32724	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Savonarola	
STREET ADDRESS	3382 Morning Dove Dr.	
CITY-ST-ZIP	Deland FL 32720	

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:

FOELKER, DANIEL REQUIRED

2/26/02

386-734-0675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)