2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **734935** Jan 13, 2000 8:00 am 1. Entity Name **Secretary of State** COLUMBIA CLUB OF OSCEOLA COUNTY, INC. 01-13-2000 90025 005 ****61.25 Mailing Address Principal Place of Business P.O. BOX 421732 2000 NEPTUNE ROAD KISSIMMEE FL 34742-1732 KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2198526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRUNIG, DONALD A. 2424 DEBRA CT. KISSIMMEE FL 34744 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME Brunig. Donald STREET ADDRESS 2424 DEBRA CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Addition VD TITLE **VD** Delete TITLE M Change PETER *≤THAB* NAME **BURT. GEORGE** NAME STREET ADDRESS STREET ADDRESS 2118 PEACHTREE BLYD ST. CLOUD, FL. 34769 817 MENDOZA DR CITY-ST-ZÎP CITY-ST-ZIP POINCIANA FL PD Change Change ☐ Addition TITLE Delete TITLE HEINTZ, ROBERT NAME WITTEN, JAMES NAME 4147 BLACKPOWDERWAY KISSIMMEE, FL. 34746 STREET ADDRESS STREET ADDRESS 4865 WREN DR CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL Change Addition SD ☐ Delete TITLE **GUADAGNO, LEE** NAME NAME STREET ADDRESS STREET ADDRESS **38 LAKE VILLAWAY** CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743 TITLE Change ☐ Addition **™** Delete TITLE DELA GARZA. MCCOMMON, KENNETH NAME NAME 1350 ROCKY RD. STREET ADDRESS STREET ADDRESS 4850 WREN DR CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL **Z** Delete Change TITLE TITLE n FALCO, JOSEPH NAME NAME STREET ADDRESS 3163 SUGAR STREET ADDRESS **440 HUNTER CIRCLE** CLOUDI CITY-ST-7iP EL. CITY-ST-ZIP KISSIMMEE FL

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