

DOCUMENT # 734935

1. Entity Name

COLUMBIA CLUB OF OSCEOLA COUNTY, INC.

Principal Place of Business

2000 NEPTUNE ROAD
KISSIMMEE FL 34744

Mailing Address

P.O. BOX 421732
KISSIMMEE FL 34742-1732
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2198526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNIG, DONALD A.
2424 DEBRA CT.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name GERST Richard M

Street Address (P.O. Box Number is Not Acceptable)

5113 HEATHERSTONE DR

City KISSIMMEE

FL

Zip Code 34758

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

TITLE TD ☒ Delete
NAME BRUNIG, DONALD
STREET ADDRESS 2424 DEBRA CT.
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE VD ☐ Delete
NAME STAAB, PETER
STREET ADDRESS 2118 PEACHTREE BLVD
CITY-ST-ZIP ST. CLOUD FL 34746

TITLE PD ☐ Delete
NAME HEINTZ, ROBERT
STREET ADDRESS 4147 BLACKPOWDER WAY
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE SD ☐ Delete
NAME GUADAGNO, LEE
STREET ADDRESS 38 LAKE VILLAWAY
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D ☐ Delete
NAME DELA, GARZA J
STREET ADDRESS 1356 ROCKEY RD
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ Delete
NAME SYKES, JAMES
STREET ADDRESS 3163 SUGAR MILL LN.
CITY-ST-ZIP SAINT CLOUD FL 34769

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME GERST, RICHARD M
STREET ADDRESS 5113 HEATHERSTONE
CITY-ST-ZIP KISSIMMEE FL 34758

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90006 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)