

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740048

1. Entity Name

COLUMBIA HOME ASSOCIATION, INC.

Principal Place of Business

550 S. U.S. HIGHWAY 41
P. O. BOX 745
INVERNESS FL 34451

Mailing Address

550 S. U.S. HIGHWAY 41
P. O. BOX 745
INVERNESS FL 34451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1843236

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

KWASNEY, BENJAMIN T
801 LANARK COURT
INVERNESS FL 34450

Clinton A. Reph
8813 E. Sandpiper Dr
Inverness, FL 34450

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REPH, CLINTON A	
STREET ADDRESS	801 LANARK COURT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOULANT, JOSEPH	
STREET ADDRESS	5369 S. STONERIDGE DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUEBLER, JOHN	
STREET ADDRESS	6818 E. HAYDEN LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGALLA, EDWARD	
STREET ADDRESS	5740 S. CALGARY TERRIS	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, EUGENE	
STREET ADDRESS	2828 S. JEAN ST.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAMPY, ANDREW	
STREET ADDRESS	1388 E. TRIPLE CROWN	
CITY-ST-ZIP	HERNANDO FL 34442	

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	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFRED W STEVENS		
STREET ADDRESS	311 CLARK ST		
CITY-ST-ZIP	INVERNESS, FL 34452		
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		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Clinton A. Reph
SIGNED

01-10-01

352-344-1353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0076267

CR2E037 (10/00)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90069 030 ****61.25

B0008221



DO NOT WRITE IN THIS SPACE