

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90124 045 \*\*\*\*70.00

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**REP. CLINTON N  
8813 E SANDPAPER DR  
INVERNESS FL 34450**

*ALfred W. Stevens  
311 Clark St.  
Inverness, FL  
34452*

7. Name and Address of New Registered Agent

Name **STEVENS, ALFRED W**

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

**311 CLARK ST**

City

**INVERNESS**

**FL**

Zip Code

**34452**

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

*Alfred W Stevens* **ALFRED W STEVENS, TREAS 2/13/02**

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**  
NAME **REP. CLINTON A** ☒ Delete  
STREET ADDRESS **8813 E SANDPAPER DR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **T**  
NAME **STEVENS, ALFRED W** ☐ Delete  
STREET ADDRESS **311 CLARK ST**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **V**  
NAME **KUEBLER, JOHN** ☐ Delete  
STREET ADDRESS **6818 E. HAYDEN LANE**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **S**  
NAME **ROGALLA, EDWARD** ☐ Delete  
STREET ADDRESS **5740 S. CALGARY TERRIS**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D**  
NAME **RUSSO, EUGENE** ☐ Delete  
STREET ADDRESS **2828 S. JEAN ST.**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D**  
NAME **TAMPY, ANDREW** ☐ Delete  
STREET ADDRESS **1388 E. TRIPLE CROWN**  
CITY-ST-ZIP **HERNANDO FL 34442**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  
NAME **Heinz, David P.** ☐ Change ☒ Addition  
STREET ADDRESS **2507 Highway 44 West**  
CITY-ST-ZIP **Inverness, FL 34453**

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

*Alfred W Stevens* **ALFRED W STEVENS 2/13/02 (352) 724-1160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)