

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90014 046 \*\*\*\*61.25

**DOCUMENT # 746775**

1. Entity Name

**COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I**

Principal Place of Business

Mailing Address

2421 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952  
 US

2421 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952-3921  
 US

A0020355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1461439**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENWALD, MARTIN**  
**2335 BROADRANCH DRIVE**  
**PORT CHARLOTTE FL 33948**

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	VDS	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, THOMAS	
STREET ADDRESS	1465 SAINT GEORGE LN	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENWALD, MARTIN	
STREET ADDRESS	2335 BROAD RANCH DR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATISTA, JOSE	
STREET ADDRESS	1180 DESMOND ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLANIGAN, JAMES	
STREET ADDRESS	9990 PEACE RIVER DR SW	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOODSON, GORDON	
STREET ADDRESS	138 NE DOWLING AVE	
CITY-ST-ZIP	PUNTA GORDA FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	REITER, JOHN	
STREET ADDRESS	193 CYPRESS AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P. D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES FLANIGAN	
STREET ADDRESS	9990 PEACE RIVER DR	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	V. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND MACDONALD	
STREET ADDRESS	1395 WILMETTE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES TYNAN	
STREET ADDRESS	1133 DORCHESTER	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	S. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN GREENWALD	
STREET ADDRESS	2335 BROADRANCH DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
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: *Martin Greenwood* 2/4/2000 941-743-0484  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #