

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90044 049 \*\*\*\*61.25

**DOCUMENT # 747234**

1. Entity Name

**DELTONA COLUMBIAN CLUB INCORPORATED**

Principal Place of Business

Mailing Address

1385 MAXIMILLIAN STREET  
 DELTONA FL 32725

1385 MAXIMILLIAN STREET  
 DELTONA FL 32725-6501

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

**59-2062113**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELASIERRA, ANGELL O**  
**2336 INDIA BLVD**  
**DELTONA FL 32738**

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)

**3/4/00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RYAN, GEORGE E	
STREET ADDRESS	2360 DUMAS DR.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, RYAN E	
STREET ADDRESS	2630 DUMAS DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COTTEN, MARION L	
STREET ADDRESS	2072 ALAMEDA DRIVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KYLE, EDWARD L SR	
STREET ADDRESS	1249 BACHMANN AVE.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ROBERT	
STREET ADDRESS	2072 ALAMEDA DR.	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNEO, RAYMOND J	
STREET ADDRESS	586 MERRIMAC ST	
CITY-ST-ZIP	DELTONA, FL 00000 32725	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALATA, EDWARD S.	
STREET ADDRESS	1448 HUMPHREY BLVD	
CITY-ST-ZIP	DELTONA FL 32738-6878	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738	
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 **MARION L COTTEN, SEC** **February 16, 2000** **904-789-0340**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)