

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763741

1. Entity Name

KENTUCKY COLONELS OF FLAGLER COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 350521  
PALM COAST FL 32135-0521

P.O. BOX 350521  
PALM COAST FL 32135-0521

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

59-2350666

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

WRIGHT, JAMES H.  
112 BREN MAR LANE  
PALM COAST FL 32137

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME IRWIN, DONALD M.  
STREET ADDRESS 14 COLE PLACE  
CITY-ST-ZIP PALM COAST FL

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

TITLE ☐ Delete  
NAME NORRIS, JOHN W  
STREET ADDRESS 64 WESTMINSTER DR.  
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE ☐ Delete  
NAME MILLER, HENRY O.  
STREET ADDRESS 1 CLARENDON CT.  
CITY-ST-ZIP PALM COAST FL

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

TITLE ☐ Delete  
NAME GREEN, VIRGIL  
STREET ADDRESS 151 BRYN MAR LANE  
CITY-ST-ZIP PALM COAST FL

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

TITLE ☐ Delete  
NAME DONDONA, ANTHONY J.  
STREET ADDRESS 2 PENNYPACKER LANE  
CITY-ST-ZIP PALM COAST FL

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

TITLE ☐ Delete  
NAME D'ALLESANDRO, MARIO  
STREET ADDRESS 35 KINGSLEY CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32174

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 RECORDED

JAN 21 2000

904-445-2569

CR2E037 (9/99)

FILED  
Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90032 031 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE