

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763741**

1. Entity Name

KENTUCKY COLONELS OF FLAGLER COUNTY, INC.

Principal Place of Business

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

Mailing Address

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	IRWIN, DONALD M.	14 COLE PLACE	PALM COAST FL	

	P			
	NORRIS, JOHN W	64 WESTMINSTER DR.	PALM COAST FL 32164	

	D			
	MILLER, HENRY O.	1 CLARENDON CT.	PALM COAST FL	

	D			
	GREEN, VIRGIL	151 BRYN MAR LANE	PALM COAST FL	

	T			
	DONDONA, ANTHONY J.	2 PENNYPACKER LANE	PALM COAST FL	

	V			
	D'ALLESANDRO, MARIO	35 KINGSLEY CIRCLE	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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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 VERIFIED**JAN -8 2001**

Date

Daytime Phone #

904-445-069

CR2E037 (10/00)