

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90056 029 ****61.25

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 ☐ Fee Required

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

TITLE ☒ Change ☐ Addition
NAME **EDMUND KOLODGIE**
STREET ADDRESS **11 MARINA POINT PK.**
CITY-ST-ZIP **PALM COAST FLA 32137**

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

TITLE **VP** ☒ Change ☐ Addition
NAME **ROBERT MANGONE**
STREET ADDRESS **39 KINGSLEY CIRCLE**
CITY-ST-ZIP **ORMOND-BEACH FLA 32174**

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

TITLE **P** ☒ Change ☐ Addition
NAME **ERIC ERNST**
STREET ADDRESS **437 LONG COVE RD**
CITY-ST-ZIP **ORMOND BEACH FLA 32174**

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

TITLE **P** ☒ Change ☐ Addition
NAME **VINCENT PACE**
STREET ADDRESS **6 BOULDER ROCK DR.**
CITY-ST-ZIP **PALM COAST FLA. 32135**

TITLE **T** ☐ 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 **V** ☐ 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 the empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17 2002

386-445-2569

Date

Daytime Phone #

CR2E037 (9/01)