

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770797

1. Entity Name

COLUMBUS CLUB OF JENSEN BEACH, INC.

Principal Place of Business

Mailing Address

4550 NE PALMETTO DR  
PO BOX 1538  
JENSEN BCH FL 34958-1538

4550 NE PALMETTO DR  
PO BOX 1538  
JENSEN BCH FL 34958-1538

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

59-2375567

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

MORRIS, WILLIAM  
4550 NE PALMETTO DRIVE  
P O BOX 1538  
JENSEN BEACH FL 34958

Name FRANCIS J. MULLIGAN

Street Address (P.O. Box Number is Not Acceptable)

4550 NE PALMETTO DRIVE

PO BOX 1538

City

JENSEN BEACH, FL

Zip Code

34958

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

Francis J. Mulligan

President

1-10-02

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	VD	<input type="checkbox"/> Delete
NAME	WALLACE, VICTOR	
STREET ADDRESS	10725 S. OCEAN DR., 531	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRIS, WILLIAM	
STREET ADDRESS	803 NE DAHOON TERRANCE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, WALTER	
STREET ADDRESS	2929 SE OCEAN BLVD, L-10	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM HARTDEGAN	
STREET ADDRESS	3073 SE TREASURE ISLAND RD	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARDT LUTTMANN	
STREET ADDRESS	2104 NW 22ND AVE #9-102	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS J. MULLIGAN	
STREET ADDRESS	628 NE WAX MYRTLE WAY	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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 like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

1-10-02

561-334-4733

Date

Daytime Phone #