

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

0016752

DOCUMENT # 770797

1. Entity Name

COLUMBUS CLUB OF JENSEN BEACH, INC.



07-24-2003 90110 006 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3250 N.E. CAUDACE AVE

3. Mailing Address

PO Box 1538

Suite, Apt. #, etc.

PO Box 1538

Suite, Apt. #, etc.

City & State

JENSEN BCH, FL

City & State

JENSEN BCH, FL

Zip

34958

Country

MARTIN

Zip

34958

Country

MARTIN

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

FRANCIS, MILLIGAN

**4550 NE PALMETTO DRIVE 3250 NE CAUDACE AVE.
P O BOX 1538
JENSEN BEACH FL 34958**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Francis J. Mulligan

FRANCIS J. MULLIGAN

7-15-03

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, VICTOR	
STREET ADDRESS	3073 SW TEASURE ISLAND RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRIS, WILLIAM	
STREET ADDRESS	2104 NW 22ND AVE 9-102	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, WALTER	
STREET ADDRESS	628 NE WAY MYRTLE WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	WILLIAM HARTDEGEN	
STREET ADDRESS	3073 SE TREASURE IS. RD.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
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		<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		
TITLE		<input type="checkbox"/> Change <input checked="" 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 WILLIAM HARTDEGEN

7-15-03

772-334-7043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)