

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824178

1. Entity Name

COLUMBUS COLONIES INC

Principal Place of Business

Mailing Address

233 - 12TH ST
SUITE 500
COLUMBUS GA 31902
US

PO BOX 161
COLUMBUS GA 31902
US

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 58-1283574

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

LINES, WILLIAM
121 N. MADISON
QUINCY FL 32351

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BENEFIELD, LEON
STREET ADDRESS 2203 EMORY DR
CITY-ST-ZIP TIFTON GA 31794

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

TITLE VD ☐ Delete
NAME LANE, PAT
STREET ADDRESS 2520 CRAIGSTON DR
CITY-ST-ZIP COLUMBUS GA 31906

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

TITLE SD ☐ Delete
NAME BENEFIELD, CAROLINE
STREET ADDRESS 2203 EMORY DR
CITY-ST-ZIP TIFTON GA 31794

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

TITLE TD ☐ Delete
NAME STAPLES, CHARLES T
STREET ADDRESS 857 PEACHTREE DR
CITY-ST-ZIP COLUMBUS GA 31906

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

TITLE D ☐ Delete
NAME SMITH, WILLIAM J
STREET ADDRESS 949 PEACHTREE DR
CITY-ST-ZIP COLUMBUS GA 31906

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

TITLE D ☐ Delete
NAME PURVIS, MARILYN
STREET ADDRESS 2525 NORRIS RD #107
CITY-ST-ZIP COLUMBUS GA 31907

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. STAPLES

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90106 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)