

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004495

1. Entity Name

COLUMBIAN CLUB NO. 8104, INC.

Principal Place of Business

5632 LAND O'LAKES BLVD.
LAND O' LAKES FL 34639

Mailing Address

5632 LAND O'LAKES BLVD.
LAND O' LAKES FL 34639

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3672451

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

INHOFFER, JOHN D
5632 LAND O'LAKES BLVD.
LAND O' LAKES FL 34639

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 PD. ☐ Delete
NAME INHOFFER, JOHN D
STREET ADDRESS 4504 PARKWAY BLVD.
CITY-ST-ZIP LAND O' LAKES FL 34639

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

TITLE VD ☐ Delete
NAME MULRENIN, PHIL
STREET ADDRESS 22176 WEEKS BLVD.
CITY-ST-ZIP LAND O' LAKES FL 34639

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

TITLE TD ☐ Delete
NAME MITCHELL, JOHN
STREET ADDRESS 22912 CYPRESS TRAIL DR.
CITY-ST-ZIP LUTZ FL 33549

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

TITLE TD ☐ Delete
NAME GARDNER, J. ROBERT
STREET ADDRESS 19805 READING RD.
CITY-ST-ZIP LUTZ FL 33549

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

TITLE SD ☐ Delete
NAME PANICO, ROBERT
STREET ADDRESS 2202 GROVELAND DR.
CITY-ST-ZIP LUTZ FL 33549

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

TITLE SD ☐ Delete
NAME GARCIA, FELIX
STREET ADDRESS 3752 MERIDEAN PLACE
CITY-ST-ZIP LAND O' LAKES FL 34639

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-996-7079

Mar 14 02

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90071 003 ****61.25

B0051848



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)