

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N09736**

1. Entity Name

COLUMBIAN CLUB OF VERO BEACH, INC.

Principal Place of Business

555 OSLO ROAD
P.O. 6115
VERO BEACH FL 32962

Mailing Address

555 OSLO ROAD
P.O. 6115
VERO BEACH FL 32962-4712

2. Principal Place of Business

555 Oslo Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2289487

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KEEGAN, RICHARD E
15094 AGUILA AVENUE
FT. PIERCE FL 34951

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PDM PEPIN, ROLAND
1499 TUCAN ST
FT PIERCE FL 34951 ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP
T CONFREY, P.
13959 DALIA AVE
FT. PIERCE FL 34951 ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP
TD KEEGAN, RICHARD E
15094 AGUILA AVENUE
FT. PIERCE FL ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AddTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #