## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2002 8:00 am **DOCUMENT # N09736** 1. Entity Name Secretary of State COLUMBIAN CLUB OF VERO BEACH, INC. 02-19-2002 90081 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 555 OSLO ROAD 555 OSLO ROAD P.O. 6115 P.O. 6115 VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address P.O. Dox 6115 1950 S. US 1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2289487 Not Applicable Country -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 Box Number is Not Acceptable GAGER, WARREN E 15094 AGUILA AVENUE FT: PIERCE FL 34951 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** (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE Addition TITLE NAME HARRIS, RAYMOND M NAME STREET ADDRESS 171 CALLE DE LAGOS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PORT SAINT LUCIE FL 34952 TITLE TITLE COUGHLIN, JOHN P. JR. 32957# ST Change ☐ Addition NAME KOESSLINGER, FRANZ G NAME STREET ADDRESS STREET ADDRESS 1835 8TH AVENUE SW VEROBEACH FL 32968 CITY-ST-ZIP CITY-ST-ZIP" VERO BEACH FL 32962 Delete JONES KEITH DR. TITLE Change ☐ Addition COUGHLIN, JOHN P JR NAME STREET ADDRESS 3925 7TH STREET STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-7IP ☐ Delete TITLE Change Addition GAGER, WARREN E NAME STREET ADDRESS 1950 S US 1 LOT 234 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP vero Beach FL 32962 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filling 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: WALLE WALLENGE GAGER 4/102 561-567-7865

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Desprime Prograf

Date