

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90089 015 ****61.25

DOCUMENT # N13137

1. Entity Name

COLUMBIAN #1, INC.

Principal Place of Business

5850 KOFC DRIVE
 PORT RICHEY FL 34668

Mailing Address

P O BOX #368
 PORT RICHEY FL 34673-0368
 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 **59-3059658**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTMAN, JAMES J
5539 DELAWARE AVE
NEW PT RICHEY FL 34652

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	VDP	<input type="checkbox"/> Delete
NAME	SUDZINA, EDWARD	
STREET ADDRESS	1400 KINSMERE DR	
CITY-ST-ZIP	NEWPORT RICHEY FL 34655	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EAVNS, FRED	
STREET ADDRESS	7605 CAYUGA DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MACHER, RICHARD	
STREET ADDRESS	9130 HAVERFORD LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORBETT, JOSEPH	
STREET ADDRESS	8023 WILDFLOWER ROW	
CITY-ST-ZIP	BOAYONET POINT FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudolph V. De Santis	
STREET ADDRESS	9209 Glen moor Ln	
CITY-ST-ZIP	PORT Richey, FL 34668	
TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred EVANS	
STREET ADDRESS	7605 CAYUGA DR	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	Director, Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Sudzina	
STREET ADDRESS	1400 Kinsmere DR	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	Director, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Corbett	
STREET ADDRESS	8023 Wild Flower Row	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
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		

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: *Rudolph V. De Santis* **Rudolph V DeSantis** 1/24/00 (727) 848-6566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)