

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90233 043 ****61.25

DOCUMENT # N15636

1. Entity Name

COLUMBUS CLUB OF FORT PIERCE, INC.

Principal Place of Business

**2046 S. U.S. 1
 FORT PIERCE FL 34950**

Mailing Address

**2046 S. U.S. 1
 FORT PIERCE FL 34950**

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

59-6152866

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

**GRISSOM, WILLIAM L
 1003 TENNESSEE AVE.
 FORT PIERCE FL 34950**

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.

(NOT 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 **P** ☐ Delete
 NAME **CAPACCIA, LEO**
 STREET ADDRESS **207 INDIAN HILLS DR**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE **D** ☒ Delete
 NAME **ROSENBERGER, THOMAS E**
 STREET ADDRESS **PO BOX 2824**
 CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Change ☒ Addition
 NAME **D JOHN KORPAR**
 STREET ADDRESS **319-C COLONY LN**
 CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE **D** ☐ Delete
 NAME **O'CONNELL, JOHN**
 STREET ADDRESS **5717 BIRCH DR**
 CITY-ST-ZIP **FORT PIERCE FL**

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

TITLE **D** ☐ Delete
 NAME **GERWAN, MICHAEL**
 STREET ADDRESS **5308 CITRUS AVE**
 CITY-ST-ZIP **FT. PIERCE FL 34982**

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

TITLE **D** ☒ Delete
 NAME **RUSNAK, JOHN**
 STREET ADDRESS **5301 PALEO PINE CIRCLE**
 CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Change ☒ Addition
 NAME **D most, DON A.**
 STREET ADDRESS **1905 SUNRISE BLVD**
 CITY-ST-ZIP **FT. PIERCE, FL 34950**

TITLE **TD** ☐ Delete
 NAME **MAUGHAN, JOHN J.**
 STREET ADDRESS **3049 FAIRWAY DR.**
 CITY-ST-ZIP **FT. PIERCE FL 34982**

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:

John J. Maughan

5/15/01

561-461-8774

CR2E037 (10/00)