

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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 ☐ Delete  
P  
CAPACCIA, LEO  
STREET ADDRESS 207 INDIAN HILLS DR  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE NAME ☐ Delete  
D  
DORPAR, JOHN  
STREET ADDRESS 319-C COLONY LN.  
CITY-ST-ZIP FORT PIERCE FL 34982

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

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

TITLE NAME ☐ Delete  
D  
MOST, DON A  
STREET ADDRESS 1905 SUNRISE BLVD.  
CITY-ST-ZIP FORT PIERCE FL 34950

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition  
CAPACCIA, LEO

TITLE NAME ☒ Change ☐ Addition  
DORPAR, JOHN

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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*  
TREASURER  
JOHN J. MAUGHAN

4/23/02 (TR)  
461-2270

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED  
May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90054 010 \*\*\*\*61.25

150041



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6152866 Applied For  
Not Applicable

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