

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90081 025 ****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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **CAPPOCCIA, LEO**
STREET ADDRESS **207 INDIAN HILLS DR**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **MICHAEL J. NAVARRO**
STREET ADDRESS **377 NW PLACID AVE**
CITY-ST-ZIP **PORT ST. LAURE, FL 34983**

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

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

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

TITLE **PETER SIMONE - DIRECTOR** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3120 N A1A APT 401**
CITY-ST-ZIP **FT. PIERCE, FL 34949**

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 **MOST, DON A**
STREET ADDRESS **1905 SUNRISE BLVD.**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WILLIAM S. FERGUSON**
STREET ADDRESS **1809 S. 8TH STREET**
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:

SIGNATURE OF MAUGHAN

**JOHN J. MAUGHAN
TREASURER**

5/24/03 772-461-2770

CR2E037 (10/02)