

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17525

1. Entity Name

THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90060 034 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 771
121 ARREDONDO AVE.
ST. AUGUSTINE FL 32085

P. O. BOX 771
121 ARREDONDO AVE.
ST. AUGUSTINE FL 32085-0771

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 **59-2829290**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COMEAU, HAROL
112 OAK AVE
ST AUGUSTINE FL 32095 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KUZNIK, TONY
1382 SALAMANCA ST.
ST. AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
EVRARD, JAMES A
1509 SAN RAFAEL COURT
ST. AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOMEZ, FRANK
704 MICKLER BLVD
ST. AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUFRESNE, BRUCE
18 SEMINOLE DR.
ST. AUGUSTINE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOVELESS, ROLAND
25 ALCIRA COURT
ST. AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DUFRESNE, BRUCE
18 SEMINOLE DR
ST AUGUSTINE FL 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
McClelland, Joseph
62 Lemon ST
ST AUGUSTINE FL 32084 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KUZNIK, TONY
1382 SALAMANCA
ST. AUGUSTINE, FL 32084 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

James A. Evrard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

904-797-6000

Date

Daytime Phone #