

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17525

1. Entity Name

THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business

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

Mailing Address

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

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

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE FL

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 P
NAME DUFRESNE, BRUCE
STREET ADDRESS 18 SEMINOLE DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

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

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

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

TITLE D
NAME KUZNIK, TONY
STREET ADDRESS 1382 SALAMANCA
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

James A. Evrard TREASURER
1-12-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-23-2001 90035 009 ****61.25

701692



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2829290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)