

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90117 034 ****61.25

DOCUMENT # N17525

1. Entity Name

THE COLUMBUS CLUB OF ST. AUGUSTINE, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2829290

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **504 Sugar Pine Court**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1132 Compass Row**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **504 Sugar Pine Court**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

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

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 REQUIRED JAMES A. EVARD Treasurer 1-7-02

CR2E037 (9/01)