2002 UNIFORM BUSINESS REPORT (UBR) Aug 11, 2003 8:00 am Secretary of State **DOCUMENT # N17525** 1. Entity Name THE COLUMBUS CLUB OF ST. AUGUSTINE, INC. 08-11-2003 90279 013 ****61.25 Principal Place of Business Mailing Address P. O. BOX 771 P. O. BOX 771 121 ARREDONDO AVE. 121 ARREDONDO AVE. ST. AUGUSTINE FL 32065 ST. AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2829290 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) PELLICER, CHARLES E 28 CORDOVA STREET ST. AUGUSTINE FL City 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) 9. Election Campaign Financing **\$5.00** May.Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 200 1-35 OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Dèlete Change DAddition NAME NAME DUFRESNE, BRUCE STREET ADDRESS STREET ADDRESS 18 SEMINOLE DR CITY-ST-ZIP CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete TITLE TITLE ☐ Addition NAME kuznik, tony NAME 504 SUGAL PINE COURT ST AUDUSCINE PL 32080 STREET ADDRESS STREET ADDRESS 1382 Salamanca ST.> CITY-ST-ZIP CITY-ST-ZIP <u>st. Augustine fl</u> TITLE - - Delete TITLE NAME EVRARD, JAMES A NAME 1132 Compass Row SpAUGUSTING FL 32080 STREET ADDRESS STREET ADDRESS 1509 SAN RAFAEL COURT-CITY-ST-ZIP CITY-ST-ZIP <u>st. Augustine Fl</u> Delete Change ☐ Addition NAME GOMEZ, FRANK STREET ADDRESS STREET ADDRESS 704 MICKLER BLVD CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete TITLE ☐ Change ☐ Addition NAME Kuznik, Tony 💢 NAME STREET ADDRESS STREET ADDRESS 1382 SALAMANCA CITY-ST-ZIP <u>Saint augustine FL 32084</u> TITLE 4 . 7. TITLE - 2 · 🔲 : Defete NAME LOVELESS, ROLAND NAME STREET ADDRESS 25 ALCIRA COURT STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FURARO