

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90500 043 ****61.25

0081349

DOCUMENT # N22588

1. Entity Name

COLUMBIAN CLUB #2, INC.

Principal Place of Business

2040 GRAND BLVD
HOLIDAY FL 34690

Mailing Address

2040 GRAND BLVD
HOLIDAY FL 34690

00023858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2040 Grand Blvd
Suite, Apt. #, etc.

3. Mailing Address

2040 Grand Blvd
Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

HOLIDAY FL

4. FEI Number

59-2965081

Applied For

Not Applicable

Zip

34690

Country

USA

Zip

34690

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWERS, JAMES F.
27907 SNADBAGGER LANE
WESLEY CHAPEL FL 33544

HANNON ROBERT A.
10215 WESTPORT CT
Tampa FL 33615

7. Name and Address of New Registered Agent

Name **HANNON ROBERT A**

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

10215 WESTPORT CT

Tampa FL

City

FL

Zip Code

33615

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

ROBERT A HANNON TREAS. **Robert A Hannon Treas 1-15-2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD POWERS, JAMES 27907 SANDBAGGER LANE WESLEY CHAPEL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRA, CARL 1960 COOLIDGE ROAD HOLIDAY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGNANI, IVO 3908 BADEN DRIVE HOLIDAY FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TATRO, ROBERT 3025 TIBURON DRIVE NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEIGFRIED, SELDON F 104 COLONY SOUTH DR TARPOON SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSCH, WILLIAM 8214 TARSIER AVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT A. HANNON 10215 WESTPORT CT Tampa FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexander Salinas 4727 DADUNE ST NDR 809-1695 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Cadavona 1017 Springtime DR HOLIDAY FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 recorder, 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

ROBERT A HANNON TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-01 (727) 934 8025

CR2E037 (10/00)