

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90297 033 \*\*\*\*61.25

**DOCUMENT # N22588**

1. Entity Name

**COLUMBIAN CLUB #2, INC.**

Principal Place of Business

Mailing Address

**2040 GRAND BLVD  
 HOLIDAY FL 34690  
 US**

**2040 GRAND BLVD  
 HOLIDAY FL 34690  
 US**

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

**59-2965081**

Applied For

Not Applicable

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

**HANNON, ROBERT A  
 10215 WESTPORT CT  
 TAMPA FL 33615**

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 **TD** ☐ Delete  
 NAME **HANNON, ROBERT A**  
 STREET ADDRESS **10215 WESTPORT CT**  
 CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE **D** ☐ Delete  
 NAME **SELUNO, ALEXANDER**  
 STREET ADDRESS **4227 DAPHNE ST N DR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **P** ☒ Delete  
 NAME **MAGNANI, IVO**  
 STREET ADDRESS **3908 BADEN DRIVE**  
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Change ☐ Addition  
 NAME **P. Jay Jackus.**  
 STREET ADDRESS **5709 104 Lane**  
 CITY-ST-ZIP **Holiday, FL 34690**

TITLE **SD** ☐ Delete  
 NAME **TATRO, ROBERT**  
 STREET ADDRESS **3025 TIBURON DRIVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **D** ☐ Delete  
 NAME **CALANDRO, JOSEPH**  
 STREET ADDRESS **1017 SPRINGTIME DR**  
 CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **D** ☐ Delete  
 NAME **KOSCH, WILLIAM**  
 STREET ADDRESS **8214 TARSIER AVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/02 727-934-8025**

Date

Daytime Phone #

CR2E037 (9/01)