


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N22588 1. Entity Name COLUMBIAN CLUB #2, INC.						FILED 94 DEC -9 PM 1:00 SECRETARY TALLAHASSEE, FL																									
Principal Place of Business 2040 GRAND BLVD HOLIDAY, FL 34690 US				Mailing Address 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				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent HANNON, ROBERT A 10215 WESTPORT CT TAMPA, FL 33615				7. Name and Address of New Registered Agent Name ED MAGARDO Street Address (P.O. Box Number is Not Acceptable) 2040 GRAND BLVD. City HOLIDAY FL Zip Code 34690																											
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. I am familiar with, and accept the obligations of registered agent.																															
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to Florida Department of State																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANNON, ROBERT A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10215 WESTPORT CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33615</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAGARDO, EDWARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7847 PRIMULA LS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW PORT RICHEY, FL 34654</td> <td></td> </tr> </table> </div> </div>								TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	HANNON, ROBERT A		STREET ADDRESS	10215 WESTPORT CT		CITY-ST-ZIP	TAMPA, FL 33615		TITLE	P	<input type="checkbox"/> Delete	NAME	MAGARDO, EDWARD		STREET ADDRESS	7847 PRIMULA LS		CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>								TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															