

2001 UNIFORM BUSINESS REPORT (UBR)

2/9.

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-09-2001 90217 037 ****61.25

DOCUMENT # N40838

1. Entity Name

COLUMBIA COUNTY LANDLORD'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/OKAY PROULX
 RT 13 BOX 690
 LAKE CITY FL 32055
 US

C/OKAY PROULX
 RT 13 BOX 690
 LAKE CITY FL 32055
 US

2. Principal Place of Business

3. Mailing Address

40 Dean Kirchner

40 Dean Kirchner

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Route 22 Box 857

Route 22 Box 857

City & State

City & State

Lake City FL

Lake City FL

Zip

Country

Zip

Country

32024

US

32024

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROULX, KAY D
 RT 13 BOX 690
 LAKE CITY FL 32055

Name Dean Kirchner

Street Address (P.O. Box Number is Not Acceptable)
 Route 22 Box 857

City

Lake City

FL

Zip Code

32024

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 resigning)

DATE

SEC/TRES

FEB 5, 2001

**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	D	<input type="checkbox"/> Delete
NAME	WILLIAM, MEYNA	
STREET ADDRESS	700 OAK AVE	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERSON, KAREN	
STREET ADDRESS	RT 17 BOX 385	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROULX, KAY D	
STREET ADDRESS	RT 13 BOX 690	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARTHELMAS, CLAUDIA	
STREET ADDRESS	RT 10 BOX 495	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TINA	
STREET ADDRESS	RT 10 BOX 495	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYNA WILLIAMS	
STREET ADDRESS	700 Oak Ave	
CITY-ST-ZIP	Lake City FL 32025	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Poplan	
STREET ADDRESS	1910 S. Marion St	
CITY-ST-ZIP	Lake City FL 32025	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean Kirchner	
STREET ADDRESS	Route 22 Box 857	
CITY-ST-ZIP	Lake City FL 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

FEB 5, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)