## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # P98000037390 Feb 15, 2000 8:00 am COLUMBINE MANAGEMENT GROUP, INC. **Secretary of State** 02-15-2000 90013 015 \*\*\*150.00 Principal Place of Business Mailing Address 1230 DOUGLAS AVE., SUITE 200 1230 DOUGLAS AVE., SUITE 200 LONGWOOD FL 32779 LONGWOOD FL 32779-5015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3506540 Not Applicable · Zip 🏎 😅 💝 Country \$8.75 Additional Country. ~ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSWALD, KENNETH F Street Address (P.O. Box Number is Not Acceptable) 600 COURTLAND ST., SUITE 110 ORLANDO FL 32804 Zip Code FL 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 TOTA ESTERNA COMPLETE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITLE Thange ☐ Addition NAME NUNZIATA, SALVATORE JR. NAME STREET ADDRESS STREET ADDRESS 2170 W. STATE RD. 434 1230 Douglas Avenue Suite 200 CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32779 Longwood, Florida 32779 ☐ Addition TITLE X Change ☐ Delete TITLE NUNZIATA, ANTHONY J SR. NAME NAME STREET ADDRESS STREET ADDRESS 2170 W. STATE RD. 434 1230 Douglas\_Avenue Suite 200 CITY-ST-ZIP CITY-ST-ZIP Longwood, Florida 32779 LONGWOOD FL 32779 Change Addition ☐ Delete TITLE TITLE **NUNZIATA, SAL ANTHONY** NAME NAME 1230 Douglas Avenue Suite 200 STREET ADDRESS STREET ADDRESS 2170 W. STATE RD. 434 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 Longwood, Florida 32779 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 true fee empowered to accurate and that my signature by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with an other

SIGNATURE: Sakvatore Nunziata; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/6/00

(407)869-4440

Daytime Phone #