

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101869

1. Entity Name
COLUMBIA AMUSEMENT, INC.

FILED

01 MAY -2 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
110 N.W. 3RD AVE.
LAKE BUTLER FL 32054

Mailing Address
110 N.W. 3RD AVE.
LAKE BUTLER FL 32054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04/27/01-90401 038 \$150.00

4. FEI Number

65-1103234

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

GREEN, CHARLES L
110 N.W. 3RD AVE.
LAKE BUTLER FL 32054

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

Charles L. Green

CHARLES L. GREEN

4/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREEN, CHARLES L	
STREET ADDRESS	110 N.W. 3RD AVE.	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. ELIZABETH FRIGO	
STREET ADDRESS	274 E. MACCLANNY AVE.	
CITY-ST-ZIP	MACCLANNY, FL 32063	
TITLE	VIC. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES L. GREEN	
STREET ADDRESS	110 N.W. 3RD AVE.	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Green V.P.

4/23/01

904-259-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0448218

CR2E034 (10/00)