

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748612

1. Entity Name

SECOND WELLINGTON, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90022 031 ****70.00

Principal Place of Business 11199 POLO CLUB RD WELLINGTON FL 33414 US	Mailing Address 11199 POLO CLUB RD WELLINGTON FL 33414-6064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-1936164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPANO, SAL V
 11199 POLO CLUB RD
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name **CRAIG T. GALLE**
 Street Address (P.O. Box Number is Not Acceptable)
11199 POLO CLUB ROAD
 City **WELLINGTON** FL Zip Code **33414**

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 *Craig T. Galle* **CRAIG T. GALLE** **JAN 27, 2000**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPANO, SAL V 11199 POLO CLUB RD WELLINGTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKINNER, HAROLD 11809 POLO CLUB RD. WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLE, CRAIG T 11199 POLO CLUB RD WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN F. STRAUB 11199 POLO CLUB ROAD WELLINGTON, FLORIDA 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Craig T. Galle* **CRAIG T. GALLE** **JAN 27, 2000** **(561) 798-7033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)