2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748612

1. Entity Name

SECOND WELLINGTON, INC.



Principal Place of Business Mailing Address 11199 POLO CLUB RD 90007113 11199 POLO CLUB RD WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1936164 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLE, CRAIG T Street Address (P.O. Box Number is Not Acceptable) 11199 POLO CLUB RD WELLINGTON FL 33414 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61,25 Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition CR2E037 (10/02) STRAUB, GLENN F NAME NAME 11199 POLO CLUB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIF TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SKINNER, HAROLD NAME NAME 11809 POLO CLUB RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-7IP TITLE Delete TITLE Addition GALLE, CRAIG T NAME V. SPANO NAME 11199 POLO CLUB RD 11199 POLO CLUB ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attaching with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

1/8/03 561-798-783

☐ Change

Addition

FILED

Secretary of State

01-21-2003 90058 037 ****61.25

Jan 21, 2003 8:00 am