

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005243

1. Entity Name

SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90059 049 ****61.25

Principal Place of Business 300 S. DUNCAN AVE. SUITE 227 CLEARWATER FL 33755 US	Mailing Address 300 S. DUNCAN AVE. SUITE 227 CLEARWATER FL 33755-6400 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

4. FEI Number **65-0644075**

Applied For
Not Applicable

Zip Country

Zip Country

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

HEERING, EVELYN
 300 S. DUNCAN AVE.
 SUITE 227
 CLEARWATER FL 33755

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 *Evelyn Heering* Evelyn Heering

3/24/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	BURMEISTER, DALE	
STREET ADDRESS	9323 TREE TOP LANE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ANDERSON, PAUL	
STREET ADDRESS	1585 KINCAID RD.	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WYATT, RICHARD	
STREET ADDRESS	1917 BEECHWOOD	
CITY-ST-ZIP	LITTLE ROCK AR 72207-2003	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOM WRIGHT	
STREET ADDRESS	9030 W LAKE VIEW CT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WRIGHT, JUDY	
STREET ADDRESS	9030 W LAKEVIEW CT	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OLSEN, SANDI	
STREET ADDRESS	1167 TURNER STREET #202	
CITY-ST-ZIP	CLEARWATER FL 34616	

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	
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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: *Dale Burmeister* DALE BURMEISTER

3/24/00

727-568-0858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99