DOCUMENT# N09000011330

Entity Name: SEPA CLUB INC.

#### **Current Principal Place of Business:**

5448 8 MILE RANCH ROAD SAINT CLOUD, FL 34773

### **Current Mailing Address:**

5448 8 MILE RANCH ROAD SAINT CLOUD, FL 34773 US

#### FEI Number: 94-3490566

## Name and Address of Current Registered Agent:

HEMPHILL, RITA E 6020 CAMP CYPRESS ROAD SAINT CLOUD, FL 34773 US Certificate of Status Desired: No

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	: RITA E HEMPHILL			04/27/2022
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, VP	
Name	SANDERS, HUNTER	Name	MUMMA, SELENA	
Address	5448 8 MILE RANCH ROAD	Address	5448 8 MILE RANCH RD	
City-State-Zip:	ST. CLOUD FL 34773	City-State-Zip:	ST. CLOUD FL 34773	
Title	DIRECTOR, SECRETARY	Title	DIRECTOR, TREASURER	
Name	LUX, OLGA JILL	Name	HEMPHILL, RITA E	
Address	4815 ROBIN DR	Address	6020 CAMP CYPRESS RD	
City-State-Zip:	SAINT CLOUD FL 34772	City-State-Zip:	SAINT CLOUD FL 34773	
Title	DIRECTOR	Title	DIRECTOR, KEY CHAIRPERSO	NC
Name	GNAP, CHRIS	Name	SMITH, LAURETTA L	
Address	9450 CONCORD RD	Address	5450 EIGHT MILE RANCH RD	
City-State-Zip:	SAINT CLOUD FL 34773	City-State-Zip:	SAINT CLOUD FL 34773	
Title	DIRECTOR	Title	DIRECTOR	
Name	SETZER, JOHNATHAN	Name	KNUDSEN, JARED	
Address	5448 8 MILE RANCH ROAD	Address	5448 8 MILE RANCH ROAD	
City-State-Zip:	ST. CLOUD FL 34773	City-State-Zip:	ST. CLOUD FL 34773	

#### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: RITA E HEMPHILL

REGISTERED AGENT/TREASURER 04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 27, 2022 Secretary of State 6048560609CC

## **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	STONE, DONALD	Name	VANDAM, BRYAN
Address	4221 SW ILLIAD ST	Address	15332 LANGDALE DR
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	HUDSON FL 34669

Title	DIRECTOR
Name	WILLIAMS, KEN W III
Address	1680 SE SALERNO RD
City-State-Zip:	STUART FL 34997