

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790919

1. Entity Name

SECO & GOLDEN "100" INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90033 003 \*\*\*\*61.25

Principal Place of Business Mailing Address  
ESSEX STREET - MUNICIPAL AIRPORT ESSEX STREET - MUNICIPAL AIRPORT  
P.O. BOX 323 P.O. BOX 323  
DELAND FL 32721-0323 DELAND FL 32721-0323

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 58-0619566 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RONALD D EDMUNDSON  
1600 ESSEX AVE - MUNICIPAL AIRPORT  
DELAND FL 32724

7. Name and Address of New Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	GROVE, ROGER	
STREET ADDRESS	7115 W MAIN ST	
CITY-ST-ZIP	LEROY NY 14482	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	4001 LEXINGTON AVE N	
CITY-ST-ZIP	ARDEN HILLS MN 55126-2992	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, JOHN	
STREET ADDRESS	2110 HOLDEN AVE	
CITY-ST-ZIP	DAVENPORT IA 52808	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE JOHNSON	
STREET ADDRESS	635 ELLIOTT AVE W	
CITY-ST-ZIP	SEATTLE WA 49819	
TITLE	DDM	<input type="checkbox"/> Delete
NAME	SCHRIVER, D	
STREET ADDRESS	8257 DOW CIR	
CITY-ST-ZIP	STRONGSVILLE OH	
TITLE	CB	<input type="checkbox"/> Delete
NAME	KULLMANN, DONALD	
STREET ADDRESS	1100 N BROADWAY	
CITY-ST-ZIP	CARLINVILLE IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Matson, Bruce	
STREET ADDRESS	5500 Chestnut Ave	
CITY-ST-ZIP	Newport News, VA 23605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Wilberding, Bill	
STREET ADDRESS	2110 Holden Avenue	
CITY-ST-ZIP	Davenport, IA 52808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	10220 N. Executive Hills Blvd.	
CITY-ST-ZIP	Kansas City, MO 64153	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:

*Ronald D Edmundson*  
RONALD D EDMUNDSON

President/CEO

1/06/00

904-734-3906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #