

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000478

1. Entity Name

SECOND CONTINENTAL CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90026 025 ***150.00

Principal Place of Business

Mailing Address

10001 US 27 SOUTH
SEBRING FL 33870

PO BOX 31775
BILLINGS MT 59107-1775

2. Principal Place of Business

3000 TANGLEWOOD PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

SEBRING, FL

City & State

4. FEI Number

81-0344566

Applied For

Not Applicable

Zip

33872

Country

HIGHLANDS

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

KREULEN, JAN

~~10001 US 27 SOUTH~~
~~SEBRING FL 33870~~

Name

JAN KREULEN

Street Address (P.O. Box Number is Not Acceptable)

3000 Tanglewood Parkway

City

Sebring

FL

Zip Code

33872

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

Jan Kreulen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

- Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME GREYTAK, MICHAEL S
STREET ADDRESS 2051 ANDROMEDA LANE
CITY-ST-ZIP BILLINGS MT 59105 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME GREYTAK, PATRICIA L
STREET ADDRESS 984 WILLOUGHBY
CITY-ST-ZIP STEVENSVILLE MT 59870 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME LINNELL, WAYNE E
STREET ADDRESS 300 CENTRAL AVENUE
CITY-ST-ZIP GREAT FALLS MT 59401 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

406-256-1771
1-13-2000

CR2E034 (9/99)