

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90068 036 \*\*\*\*61.25

**DOCUMENT # N00000004181**

1. Entity Name

**SECOND AMENDMENT CLUB OF AMERICA, INC.**

UA

**C0072215**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8306 WAGON WHEEL LANE HUDSON FL 34667		Mailing Address 8306 WAGON WHEEL LANE HUDSON FL 34667	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-1626783		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BUNTING, ANN 8306 WAGON WHEEL LANE HUDSON FL 34667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUNTING, ANN 8306 WAGON WHEEL LANE HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bill Bunting 8306 Wagon Wheel Lane Hudson FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUNTING, BILL 8306 WAGON WHEEL LANE HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chuck Rhall Vice President Chuck Rhall Port Richey FL 34668 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINBECK, FRANK 7800 LANDS DOWNE LANE NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ann Bunting 8306 Wagon Wheel Lane Hudson FL 34667 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, MARIANNE 8012 PINEAPPLE LANE PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Catherine King 12303 Quail Run Row Hudson FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GIARRATANO, DIANE 12535 THIRD ISLE BAYONET POINT FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RHALL, MYRNA 9237 BARRINGTON LANE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Ann Bunting* **RED**

6/17/01 727 8621063

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