

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90016 046 ****61.25

DOCUMENT # N00000004181

1. Entity Name

SECOND AMENDMENT CLUB OF AMERICA, INC.

Principal Place of Business

Mailing Address

8306 WAGON WHEEL LANE
HUDSON FL 34667

8306 WAGON WHEEL LANE
HUDSON FL 34667

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

59-3660743

Applied For

Not Applicable

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

BUNTING, ANN
8306 WAGON WHEEL LANE
HUDSON FL 34667

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BUNTING, ANN
STREET ADDRESS 8306 WAGON WHEEL LANE
CITY-ST-ZIP HUDSON FL 34667

TITLE President ☐ Change ☒ Addition
NAME Brill Bunting
STREET ADDRESS 8306 Wagon Wheel Lane
CITY-ST-ZIP Hudson FL 34667

TITLE VPD ☐ Delete
NAME RHALL, CHUCK
STREET ADDRESS 8306 WAGON WHEEL LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE TD ☐ Delete
NAME BUNTING, ANN
STREET ADDRESS 8306 WAGON WHEEL LANE
CITY-ST-ZIP HUDSON FL 34667

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

TITLE SD ☐ Delete
NAME KING, CATHERINE
STREET ADDRESS 12303 QUAIL RUN ROW
CITY-ST-ZIP HUDSON FL 34667

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

TITLE ASD ☐ Delete
NAME RHALL, MYRNA
STREET ADDRESS 9237 BARRINGTON LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Assistant Treasurer ☐ Change ☒ Addition
NAME Virginia Orlando
STREET ADDRESS 8513 Wagon Wheel Lane
CITY-ST-ZIP Hudson FL 34667

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann Bunting 1/18/02 727 862 1063

Date

Daytime Phone #

CR2E037 (9/01)