

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006306

1. Entity Name

BUSHNELL KWIANIS CLUB, INC.

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90070 035 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 821
BUSHNELL FL 33513-0821

P.O. BOX 821
BUSHNELL FL 33513-0821

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

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

LUNDELIUS, WALTER D SR.
5 NORTH BEST POINT
INVERNESS FL 34450

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
NAME BRAUMULLER, JOHN ☒ Delete
STREET ADDRESS P.O. BOX 119
CITY-ST-ZIP ZEPHYRHILLS FL 33539

TITLE PD
NAME HOGAN Robert ☒ Change ☐ Addition
STREET ADDRESS PO BOX 1563
CITY-ST-ZIP BUSHNELL FL 33513

TITLE PED
NAME HOGAN, ROBERT ☒ Delete
STREET ADDRESS P.O. BOX 1563
CITY-ST-ZIP BUSHNELL FL 33513

TITLE PED
NAME JULIE Pacheco ☒ Change ☐ Addition
STREET ADDRESS PO BOX 1163
CITY-ST-ZIP Bushnell FL 33513

TITLE SD
NAME LOSSE, MICHAEL ☐ Delete
STREET ADDRESS P.O. BOX 1644
CITY-ST-ZIP BUSHNELL FL 33513

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

TITLE TD
NAME SWAIN, RITA ☐ Delete
STREET ADDRESS P.O. BOX 26
CITY-ST-ZIP BUSHNELL FL 33513

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

TITLE D
NAME HARRISON, JULIAN ☐ Delete
STREET ADDRESS 324 W. DADE AVE.
CITY-ST-ZIP BUSHNELL FL 33513

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

TITLE D
NAME WAKEMAN, RUTH ☐ Delete
STREET ADDRESS 11380 S. HWY. 301
CITY-ST-ZIP WEBSTER FL 33597

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

Robert Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

352-793-7660

Date

Daytime Phone #

CR2E037 (9/01)