

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-04-2002 90003 009 ****61.25

DOCUMENT # N01000006403

1. Entity Name

SECOND AMENDMENT CLUB EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**8306 WAGON WHEEL LANE
HUDSON FL 34667**

**8306 WAGON WHEEL LANE
HUDSON FL 34667**

21074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1138195

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

**BUNTING, ANN
8306 WAGON WHEEL LANE
HUDSON FL 34667**

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 **President** ☐ Delete
NAME **Bill Bunting - D**
STREET ADDRESS **8306 Wagon Wheel Lane**
CITY-ST-ZIP **Hudson FL 34667**

TITLE **Vice President** ☐ Delete
NAME **Chuck Phall - D**
STREET ADDRESS **9237 Barrington Lane**
CITY-ST-ZIP **Port Richey FL 34668**

TITLE **Secretary** ☐ Delete
NAME **Ann Bunting - D**
STREET ADDRESS **8306 Wagon Wheel Lane**
CITY-ST-ZIP **Hudson FL 34667**

TITLE **Treasurer** ☐ Delete
NAME **Ann Bunting - D**
STREET ADDRESS **8306 Wagon Wheel Lane**
CITY-ST-ZIP **Hudson FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 727 862 1063

Date

Daytime Phone #

CR2037 (9/01)