

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90290 005 ****61.25

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DOCUMENT # N95000005243

1. Entity Name

SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300 S. DUNCAN AVE.
 SUITE 227
 CLEARWATER FL 33755
 US

300 S. DUNCAN AVE.
 SUITE 227
 CLEARWATER FL 33755
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0644075

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

HEERING, EVELYN
300 S. DUNCAN AVE.
SUITE 227
CLEARWATER FL 33755

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

Evelyn Heering *Executive Director*

5/11/01

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

(NOT Registered Agent's 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 **DT** ☒ Delete
 NAME **BURMEISTER, DALE**
 STREET ADDRESS **9323 TREE TOP LANE**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE **DT** ☐ Change ☒ Addition
 NAME **STEVE BUNSEN**
 STREET ADDRESS **48629 AD 741**
 CITY-ST-ZIP **SMITHFIELD, NC 27576**

TITLE **DP** ☐ Delete
 NAME **ANDERSON, PAUL**
 STREET ADDRESS **1585 KINCAID RD.**
 CITY-ST-ZIP **MARIETTA GA 30066**

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

TITLE **DV** ☐ Delete
 NAME **WYATT, RICHARD**
 STREET ADDRESS **1917 BEECHWOOD**
 CITY-ST-ZIP **LITTLEROCK AR 72207-2003**

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

TITLE **D** ☒ Delete
 NAME **TOM WRIGHT**
 STREET ADDRESS **9030 W LAKE VIEW CT**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **DT** ☐ Change ☒ Addition
 NAME **Kathryn Flynn**
 STREET ADDRESS **2509 Old NC 10**
 CITY-ST-ZIP **Willsborough, NC 27578**

TITLE **DS** ☒ Delete
 NAME **WRIGHT, JUDY**
 STREET ADDRESS **9030 W LAKEVIEW CT**
 CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **DS** ☐ Change ☒ Addition
 NAME **Joanne Schum**
 STREET ADDRESS **1104 Bay Rd**
 CITY-ST-ZIP **Webster, NY 14580**

TITLE **DV** ☐ Delete
 NAME **OLSEN, SANDI**
 STREET ADDRESS **1167 TURNER STREET #202**
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **D** ☒ Change ☐ Addition
 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)(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 empowerments.

SIGNATURE:

[Signature] **REQUIRE D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2/-01

308-951-0662

Date

Daytime Phone #

CR2E037 (10/00)