2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90152 020 ****61.25

DOCUMENT # N17789

1. Entity Name

NAVAL R.O.T.C. SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
% MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	% MARYANN SEERY 2618 BENT HICKORY CRCL. LONGWOOD FL 32779-3627

DO NOT WRITE IN THIS SPACE

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 59-2770205 ☐ 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
SEERY, MARY ANN 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TC SEERY, MARYANN 2618 BENT HICKORY CRCL. LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASPERSKI, DANIEL C. 835 MORVAN CT. NAPERVILLE, IL 60563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GULLIVER, VICTOR S. 1900 FRANKLIN DR. GLENVIEW IL 60025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSEN, THORSTEN P. 3806 T STREET, N.W. WASHINGTON, DC 20007	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLEMETSEN, NORMAN J. 1052 ROLLING PASS GLENVIEW IL 60025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAID, RODNEY J 4255 W THORNDALE AVE. CHICAGO, IL 60646	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFMAN, STEPHEN J 14161 HAMPTON FALLS DR. N JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, GERALD D. 1542 S.E. LINN ST. BOONE IA 50036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NACHTSHEIM, RICHARD H. 610 S. OWEN ST. MOUNT PROSPECT IL 60056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Maryann Seery Treasurer 12 April 2000 (407) 774-8915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #