

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90090 038 ****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

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 **TC** ☐ Delete
 NAME **SEERY, MARYANN**
 STREET ADDRESS **2618 BENT HICKORY CRCL.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHNSON, THORSTEN P**
 STREET ADDRESS **315 W 14th St., #43**
 CITY-ST-ZIP **NEW YORK, NY 10023**

TITLE **PD** ☐ Delete
 NAME **GULLIVER, VICTOR S.**
 STREET ADDRESS **1900 FRANKLIN DR.**
 CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE **D** ☐ Change ☒ Addition
 NAME **SHAD, RODNEY J.**
 STREET ADDRESS **4255 W. THORNDAL AVE**
 CITY-ST-ZIP **CHICAGO, IL 60646**

TITLE **VSD VD** ☐ Delete
 NAME **CLEMETSEN, NORMAN J.**
 STREET ADDRESS **1052 ROLLING PASS**
 CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE **VD** ☒ Change ☐ Addition
 NAME **CLEMETSEN, NORMAN J.**
 STREET ADDRESS **1052 ROLLING PASS**
 CITY-ST-ZIP **GLENVIEW, IL 60025**

TITLE **D** ☐ Delete
 NAME **KAUFMAN, STEPHEN J**
 STREET ADDRESS **14161 HAMPTON FALLS DR. N**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **D** ☐ Delete
 NAME **ANDERSON, GERALD D.**
 STREET ADDRESS **1542 S.E. LINN ST.**
 CITY-ST-ZIP **BOONE IA 50036**

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

TITLE **SD** ☐ Delete
 NAME **KASPERSKI, DANIEL C**
 STREET ADDRESS **835 MORVAN COURT**
 CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE **SD** ☒ Change ☐ Addition
 NAME **KASPERSKI, DANIEL C.**
 STREET ADDRESS **835 MORVAN COURT**
 CITY-ST-ZIP **NAPERVILLE, IL 60563**

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*
 MARYANN SEERY
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb. 2002 407/774-8915
 Date Daytime Phone #

CR2E037 (9/01)