

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17789

1. Entity Name

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

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90152 020 ****61.25

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

4. FEI Number

59-2770205

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

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

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

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

TITLE D
NAME JOHNSON, THORSTEN P.
STREET ADDRESS 3806 T. STREET, N.W.
CITY-ST-ZIP WASHINGTON, DC 20007 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE SD
NAME NACHTSHEIM, RICHARD H.
STREET ADDRESS 610 S. OWEN ST.
CITY-ST-ZIP MOUNT PROSPECT IL 60056 ☐ Delete

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:

Maryann Seery Treasurer 12 April 2000 (407) 774-8915

CR2E037 (9/99)