

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90075 036 ****61.25

DOCUMENT # N17789

1. Entity Name

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



Principal Place of Business

**% MARYANN SEERY
2618 BENT HICKORY CRCL.
LONGWOOD FL 32779**

Mailing Address

**% 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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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	PD GULLIVER, VICTOR S. 1900 FRANKLIN DR. GLENVIEW IL 60025	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMETSSEN, NORMAN J. 1052 ROLLING PASS GLENVIEW IL 60025	☐ Delete
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	D ANDERSON, GERALD D. 1542 S.E. LINN ST. BOONE IA 50036	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KASPERSKI, DANIEL C 835 MORVAN COURT NAPERVILLE IL 60563	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAD, RODNEY J. 4255 W. THORNDAL AVE. CHICAGO, IL 60646	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, JOEL N. 3127 DECATUR ST. WEST LAFAYETTE, IN 47906	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULOSKI, THOMAS J. 885 GREEN BAY ROAD HIGHLAND PARK, IL 60035	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, THORSTEN P. 8 WELLINGTON COURT, SHELTON ST LONDON WC2H 9JS, UNITED KINGDOM	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, 3, March, 2003 407/774-8915

CR2E037 (10/02)