

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713021

1. Entity Name

NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF VOCA

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90036 028 ****61.25

Principal Place of Business

Mailing Address

PO BOX 62114
ATT: STEVE JACKSON
CINCINNATI OH 45262-0436
US

PO BOX 62114
ATT: STEVE JACKSON
CINCINNATI OH 45262-0114
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 5006

Suite, Apt. #, etc.

Attn: John W. Holstein

City & State

Sun City Center, FL

Zip

Country

33571-5006

USA

3. Mailing Address

P.O. Box 5006

Suite, Apt. #, etc.

Attn: John W. Holstein

City & State

Sun City Center, FL

Zip

Country

33571-5006

USA

6. Name and Address of Current Registered Agent

CHASTAIN, KAYE
ORLANDO TECH
301 W ALMERIA ST
ORLANDO FL 32801

4. FEI Number

59-6178162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Kaye Chastain

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

(NOTE: Registered Agent signature required when reinstating)

5/17/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T	ORR, JIM	PO BOX 5958	SPRINGFIELD MO 65801	<input checked="" type="checkbox"/>
P	PAIST, GERALD	239 SYKES ST	PALLMER MA 02069	<input checked="" type="checkbox"/>
D	CHASTAIN, KAY	445 W AMELIA ST	ORLANDO FL 32801	<input type="checkbox"/>
SD	ROGERSMARTIN, KAY	12777 N ROCKWELL	OKLAHOMA CITY OK 73142	<input type="checkbox"/>
MD	JACKSON, STEVE	3254 EAST KEMPER RD	CINCINNATI OH 45241	<input type="checkbox"/>
VP	ANDUZIA, MOURINE	101 NATIONAL AVE N	BREMERTON WA 98312	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MD/T	Holstein, John	1821 Del Webb Blvd E.	Sun City Center, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP	JACKSON, Steve	3254 E. Kemper Rd.	Cincinnati, OH 45241	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	ANDUZIA, MOURINE	101 NATIONAL AVE N.	Bremerton, WA 98312	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

John W. Holstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2000

Date

813-634-1081

Daytime Phone #

CR2E037 (9/99)