

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713021

1. Entity Name

NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF VOCA

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91318 043 ****61.25

Principal Place of Business

PO BOX 5006
ATTN JOHN W HOLSTEIN
SUN CITY CENTER FL 33571-5006
US

Mailing Address

PO BOX 5006
ATTN JOHN W HOLSTEIN
SUN CITY CENTER FL 33571-5006
US

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

59-6178162

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

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

* 301 W. Amelia St.
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 MDT
NAME HOLSTEIN, JOHN ☐ Delete
STREET ADDRESS 1821 DEL WEBB BLVD E
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

TITLE D
NAME CHASTAIN, KAY ☐ Delete
STREET ADDRESS 445 W AMELIA ST
CITY-ST-ZIP ORLANDO FL 32801

TITLE P ☒ Change ☐ Addition
NAME 301 W. Amelia Street
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ROGERSMARTIN, KAY ☐ Delete
STREET ADDRESS 12777 N ROCKWELL
CITY-ST-ZIP OKLAHOMA CITY OK 73142

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

TITLE VP
NAME JACKSON, STEVE ☐ Delete
STREET ADDRESS 3254 EAST KEMPER RD
CITY-ST-ZIP CINCINNATI OH 45241

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

TITLE P
NAME ANDUIZA, MOURINE ☐ Delete
STREET ADDRESS 101 NATIONAL AVE N
CITY-ST-ZIP BREMERTON WA 98312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

John W. Holstein

2/23/2001

813-634-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)