

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90004 029 ****61.25

DOCUMENT # 713021

1. Entity Name

NATIONAL COUNCIL OF LOCAL ADMINISTRATORS OF VOCATIONAL EDUCATION AND PRACTICAL ARTS, INC.

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, KAY
ORLANDO TECH
301 W AMELIA ST
ORLANDO FL 32801

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MDT
HOLSTEIN, JOHN
1821 DEL WEBB BLVD E
SUN CITY CENTER FL 33573

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
CHASTAIN, KAY
301 W. AMELIA STREET
ORLANDO FL 32801

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
Chastain, Kay
301 W. Amelia Street
Orlando, FL 32801
☒ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
RogersMartin, Kay
12777 N. Rockwell
OKLAHOMA CITY, OK 73142
☒ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
Jackson, Steve
3254 E. Kemper Rd.
Cincinnati, OH 45241
☒ Change ☐ Addition

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

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
Denise Gudger
200 N. Monroe Street
Eugene, OR 94702
☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

John W. Holstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 4, 2002 813-634-1081
 Date Daytime Phone #

CR2E037 (9/01)