

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90079 011 ****61.25

DOCUMENT # 758866

1. Entity Name

NATIONAL ASSOCIATION OF EDUCATIONAL NEGOTIATORS,

Principal Place of Business

Mailing Address

122 WHITE PINE DRIVE
 SPRINGFIELD IL 62707
 US

122 WHITE PINE DRIVE
 SPRINGFIELD IL 62707-8760
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOELL, JAMES C
 MARION COUNTY SCHOOL BD
 512 SE THIRD ST
 Ocala FL 32671

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:
FEES 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

VPD
 RICCIO, ALFRED T.
 P.O. BOX 601 NA
 BROWNVILLE NY ☒ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

TD
 JORGENSEN, NANCY
 772 MCCOY ROAD
 FRANKLIN LAKES NJ ☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

VPD
 TOOREDMAN, KATHRYN
 951 CAROLYN DR.
 PALATINE IL 60067 ☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

ST
 GWIN, MELBOURNE N
 P.O. BOX 2766 N/A
 MERCED CA ☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

M
 KING, LYN D.
 122 WHITE PINE DRIVE
 SPRINGFIELD IL ☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

T
 WILLIAMS, JERRY
 615 S.W. 7TH
 ROCHESTER MN 55902 ☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

Executive Secretary
 LYN KING
 122 White Pine Drive
 Springfield IL 62707 ☐ Change ☒ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Signature Required King
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/00 217/529-7902

CR2E037 (9/99)