

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91298 021 \*\*\*\*70.00

**DOCUMENT # N00000008142**

1. Entity Name

**LOYAL ORDER OF VOLKSWAGEN ENTHUSIASTS, INC.**

Principal Place of Business

**4432 PALM BEACH BOULEVARD  
 FORT MYERS FL 33905**

Mailing Address

**511 WOOD AVENUE  
 FORT MYERS FL 33905**

2. Principal Place of Business

Same

3. Mailing Address

1713-4 Park Meadows Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

4. FEI Number

65-1061405

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ASAP ACCOUNTING AND TAX SPECIALISTS, INC.  
 13180 N. CLEVELAND AVENUE  
 SUITE #305  
 NORTH FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

Same

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 Donna Williams

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONELY, ANDY	
STREET ADDRESS	1245 S E 8TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISHER, LANCE	
STREET ADDRESS	859 MARCH STREET	
CITY-ST-ZIP	N. FORT MYERS FL 33991	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LENTZ, RICHARD	
STREET ADDRESS	806 S E 32ND STREET	
CITY-ST-ZIP	N. FORT MYERS FL 33991	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROPHY, KLAUDIA	
STREET ADDRESS	27330 VALINCIA	
CITY-ST-ZIP	BONITA SPRINGS FL 39135	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, NATALIE	
STREET ADDRESS	1713-4 PARKMEADOWS DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMON, BARBARA	
STREET ADDRESS	511 WOOD AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Natalie	
STREET ADDRESS	1713-4 Park Meadows Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheri Dube	
STREET ADDRESS	5575 Doug Taylor Cir	
CITY-ST-ZIP	St. James City, FL 33956	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZ, RICHARD E.	
STREET ADDRESS	806 S.E. 32ND ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33904-4139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Natalie Davis

**SIGNATURE REQUIRED**

4-30-01

Date

Daytime Phone #

CR2E037 (10/00)