

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**  
 02-13-2002 90237 039 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 60486**

City & State

City & State

**FT. MYERS, FL.**

Zip

Country

Zip

Country

**33906-6486**

**LEE**

4. FEI Number

**65-1061605**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **PD** ☒ Delete  
 NAME **DONELY, ANDY**  
 STREET ADDRESS **1245 S E 8TH STREET**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **TANYA SIMON**  
 STREET ADDRESS **511 WOOD AVE**  
 CITY-ST-ZIP **FT. MYERS, FL 33905**

TITLE **VD** ☒ Delete  
 NAME **FISHER, LANCE**  
 STREET ADDRESS **859 MARCH STREET**  
 CITY-ST-ZIP **N. FORT MYERS FL 33991**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **DONALD ISRAEL**  
 STREET ADDRESS **7993 BOGART DR.**  
 CITY-ST-ZIP **N. FT. MYERS, FL. 33917-6208**

TITLE **TD** ☐ Delete  
 NAME **LENTZ, RICHARD**  
 STREET ADDRESS **806 S E 32ND STREET**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **D** ☒ Delete  
 NAME **DAVIS, NATALIE**  
 STREET ADDRESS **1713-4 PARKMEADOWS DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **HANNELORE LEE**  
 STREET ADDRESS **14841 CRYSTAL COVE CT.**  
 CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **MICHAEL GRANT**  
 STREET ADDRESS **26109 PINE AVE.**  
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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:

**RICHARD E. LENTZ**

**1/27/02**

**941-458-1819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)