

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90141 043 \*\*\*\*61.25

**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

**P O BOX 60486  
FORT MYERS FL 33906-6486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1061605**

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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, TANYA	
STREET ADDRESS	511 WOOD AVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ISRAEL, DONALD	
STREET ADDRESS	7993 BOGART DR	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917-6208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LENTZ, RICHARD	
STREET ADDRESS	806 S E 32ND STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEE, HANNELORE	
STREET ADDRESS	14841 CRYSTAL COVE CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, MICHAEL	
STREET ADDRESS	26109 PINE AVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPARD, RALPH	
STREET ADDRESS	18670 TELEGRAPH CREEK LN.	
CITY-ST-ZIP	ALVA, FL. 33920	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OOSTERHOUSE, DANIELLE	
STREET ADDRESS	14 N. MAPLE AVE,	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33936	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, TANYA	
STREET ADDRESS	511 WOOD AVE	
CITY-ST-ZIP	FT. MYERS, FL. 33905	
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: *Richard E. Lentz* **RICHARD E. LENTZ** 02/03 20458-1819

CR2E037 (10/02)