

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90314 041 ****61.25

DOCUMENT # N01000008367

1. Entity Name

NATURE COAST VOLUNTEERS FOR VETERANS, INC.

Principal Place of Business

**2462 SUNSET VISTA DR.
 ARIPEKA FL 34607**

Mailing Address

**2462 SUNSET VISTA DR.
 ARIPEKA FL 34607**

2. Principal Place of Business

2462 Sunset Vista DR.

Suite, Apt. #, etc.

ARIPEKA, FL.

City & State

Florida

Zip **34607**

Country

Hernando

3. Mailing Address

2462 Sunset Vista DR.

Suite, Apt. #, etc.

ARIPEKA

City & State

Florida

Zip

34607

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0400383

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLER, JOHN M ESQ.
 224 NORTH BROAD ST.
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name

FRAN H. STEEVES

Street Address (P.O. Box Number is Not Acceptable)

HERNANDO CO.

2462 SUNSET VISTA DR

City

ARIPEKA

FL

Zip Code

34607

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

Fran Horan Steeves

FRAN H. STEEVES

4-23-02 PRES

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	STEEVES, FRAN H	
STREET ADDRESS	2462 SUNSET VISTA DR.	
CITY-ST-ZIP	ARIPEKA FL 34607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FENNELL, PATRICK	
STREET ADDRESS	4710 OKLAHOMA AVE.	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENDERSON, DOROTHY	
STREET ADDRESS	9034 SENIOR WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GANGLOFF, MARY	
STREET ADDRESS	1127 LODGE CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN	
STREET ADDRESS	22912 CYPRESS TRAIL DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOH, EDWARD	
STREET ADDRESS	6225 OLD PASCO RD.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

Francis H. Steeves Pres

4-25-02 3526861820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)