

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21858

1. Entity Name

NATIONAL ASSOCIATION OF STATE VOCAL ORGANIZATION

Principal Place of Business

Mailing Address

7485 EAST KENYON AVE.
DENVER CO 80237

7485 EAST KENYON AVE.
DENVER CO 80237-1316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DENVER - Colorado

City & State

DENVER, Colorado

Zip

80237

Country

Zip

80237-1316

Country

4. FEI Number

59-2845782

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

RESIDENT AGENT CORPORATION OF PINELLAS CTY
980 TYRONE BLVD., NORTH
ST. PETERSBURG FL 33710

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 P ☐ Delete
NAME WIMBERLY, GEORGE
STREET ADDRESS 11625 E OLD SPANISH TR
CITY-ST-ZIP TUCSON AZ 85730

TITLE D ☐ Change ☒ Addition
NAME PHYLLIS GAIL
STREET ADDRESS 800 S. COLORADO BLVD
CITY-ST-ZIP DENVER, COLO 80222

TITLE D ☐ Delete
NAME KATHERINE ROBINSON
STREET ADDRESS 6980 MAPLE N.W. #2
CITY-ST-ZIP WASHINGTON D.

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

TITLE D ☐ Delete
NAME DONNA TURNER
STREET ADDRESS P.O. BOX 9182 N/A
CITY-ST-ZIP CHANDLER HEIGHTS AZ

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

TITLE VP ☐ Delete
NAME JEAMBEY, GRAHAM
STREET ADDRESS 7485 E KENYON AVE
CITY-ST-ZIP DENVER CO 80237

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

TITLE D ☐ Delete
NAME LINDARUTH ESTES
STREET ADDRESS PO BOX 9182 N/A
CITY-ST-ZIP CHANDLER HEIGHTS AZ

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

TITLE D ☐ Delete
NAME RUPP, AL
STREET ADDRESS P.O. BOX 152736 N/A
CITY-ST-ZIP SANDIEGO CA 92195

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

(303)
JAN. 11, 2000 770-5096