

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44913

1. Entity Name

NATIONAL ASSOCIATION OF CASE MANAGEMENT, INC.

Principal Place of Business

37 COCONUT LANE
OCEAN RIDGE FL 33435

Mailing Address

37 COCONUT LANE
OCEAN RIDGE FL 33435

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GIESLER, LINDA
37 COCONUT LANE
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

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

TITLE SD ☐ Delete
NAME CAMPBELL, MARY
STREET ADDRESS 2601 MELROSE ST
CITY-ST-ZIP CINCINNATI OH

TITLE PD ☐ Delete
NAME GIESLER, LINDA J
STREET ADDRESS 37 COCONUT LN
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE D ☐ Delete
NAME GECKLE, MARY ROSE
STREET ADDRESS 801 A W 8TH STREET, #500
CITY-ST-ZIP CINCINNATI OH 45203

TITLE D ☒ Delete
NAME HAYES, WILLIAM
STREET ADDRESS EPC, 100 WASHINGTON ST
CITY-ST-ZIP ELMIRA NY 14901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME HOLLY FULLER, MA
STREET ADDRESS SPECTRUM, INC
CITY-ST-ZIP P.O. BOX 37
MORGANTOWN, IN 46160

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

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

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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
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90017 015 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)