

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 017 ****61.25

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1. Entity Name

NATIONAL ACADEMY OF COUNTY VETERANS SERVICE OFFI

Principal Place of Business

Mailing Address

2768 LONG BOAT DRIVE
 NAPLES FL 34104

2768 LONG BOAT DRIVE
 NAPLES FL 61604-5246

2. Principal Place of Business

3. Mailing Address

2768 Longboat Drive
 Suite, Apt. #, etc.

2768 Longboat Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0675352

Applied For

Not Applicable

Zip

34104-3382

Country

USA

Zip

34104-3382

Country

USA

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

SCHULZ, LEWIS E II
 2768 LONG BOAT DRIVE
 NAPLES FL 34104

Name

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

City

FL

Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Lewis E. Schulz, II

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 28, 2000

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 Delete
 NAME P
 STREET ADDRESS SCHULZ, LEWIS E II
 CITY-ST-ZIP 2768 LONGBOAT DRIVE
 NAPLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME CEOT
 STREET ADDRESS HAISER, DENNIS L
 CITY-ST-ZIP 125 LONGSPUR
 COMMERCE TOWNSHIP MI

TITLE Change Addition
 NAME T
 STREET ADDRESS melinda Knapp
 CITY-ST-ZIP 44 River Road
 EAST BRUNSWICK, N.J 08816

TITLE Delete
 NAME SCHULZ, LOUISE R
 STREET ADDRESS 2768 LONGBOAT DRIVE
 CITY-ST-ZIP NAPLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T
 STREET ADDRESS LEVALLEY, DOUGLAS
 CITY-ST-ZIP 2110 DUQUESNE DRIV
 SPRINGFIELD OH

TITLE Change Addition
 NAME T
 STREET ADDRESS Alice L. RAATJES
 CITY-ST-ZIP 2513 Ashton Valley Way
 BALTIMORE, MD 21228

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Lewis E. Schulz, II
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 28, 2000

Date

(941) 649-4386

Daytime Phone #

CR2E037 (9/99)