

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002983

1. Entity Name

NATIONAL ACADEMY OF COUNTY VETERANS SERVICE OFFI

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

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

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

2768 Longboat Drive
Suite, Apt. #, etc.

3. Mailing Address

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

Country

34104-3382 USA

Zip

Country

34104-3382 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 P ☐ Delete
NAME SCHULZ, LEWIS E II
STREET ADDRESS 2768 LONGBOAT DRIVE
CITY-ST-ZIP NAPLES FL

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

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

TITLE ☒ Change ☐ Addition
NAME Melinda Knapp
STREET ADDRESS 44 River Road
CITY-ST-ZIP 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 LEVALLEY, DOUGLAS
STREET ADDRESS 2110 DUQUESNE DRIV
CITY-ST-ZIP SPRINGFIELD OH

TITLE ☒ Change ☐ Addition
NAME Alice L. RAATJES
STREET ADDRESS 2513 Ashton Valley Way
CITY-ST-ZIP 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:

SIGNATURE REQUIRED

JAN 28, 2000

(941) 649-4386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)