

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25534

1. Entity Name

NATIONAL SOCIETY OF TAX PROFESSIONALS CORPORATIO

Principal Place of Business

Mailing Address

6108 N.E. HWY. #104.
VANCOUVER WA 98665

6108 N.E. HWY. #104.
VANCOUVER WA 98665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 101

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1289294

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

BARNCORD, GRETA
114 7TH ST
CHULUOTA FL 32766

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 ☐ Delete
NAME D
STREET ADDRESS BARNCORD, GRETA
CITY-ST-ZIP 114 7TH ST. P.O. BOX 660518 N/A
CHULUOTA FL 32766

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CONNER, LAURIE
CITY-ST-ZIP 417 CASCADE DR
LILBURN GA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LAMONACA, PAUL
CITY-ST-ZIP 131 E BROAD ST #200
FALLS CHURCH VA

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ROBERTSON, GEORGE
CITY-ST-ZIP 4000 ROCKHILL COURT
ARLINGTON TX

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LARSON, RONALD
CITY-ST-ZIP 9899-A WEST BELL ROAD
SUN CITY AZ

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

TITLE ☐ Delete
NAME P
STREET ADDRESS LONGLEY, HOWARD
CITY-ST-ZIP ROUTE 1, BOX 79 N/A
BIG SANDY TX

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 28, 2000 8:00 am
Secretary of State

01-28-2000 90128 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1-21-2000 407-365-6204