

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38991

1. Entity Name

NATIONAL RECREATION AND PARK ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90077 050 ****61.25

Principal Place of Business

Mailing Address

22377 BELMONT RIDGE RD
AHSBURN VA 20148-4501
US

22377 BELMONT RIDGE RD
AHSBURN VA 20148-4501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-5563001

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

MAINELLA, FRAN P
881 MADERIA CIRCLE
TALLAHASSEE FL 32312

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	CT	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, ERIC	
STREET ADDRESS	120 PHILIP STREET	
CITY-ST-ZIP	MEDFIELD MA 02052	
TITLE	VC	<input type="checkbox"/> Delete
NAME	WILKINSON, RI	
STREET ADDRESS	4902 PARK HOLLOW DR	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLICKINGER, TED CLP	
STREET ADDRESS	211 E MONROE	
CITY-ST-ZIP	SPRINGFIELD IL 62701	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOHE, MARTIN P	
STREET ADDRESS	10327 GODDARD	
CITY-ST-ZIP	OVERLAND PARK KA	
TITLE	M	<input type="checkbox"/> Delete
NAME	TICE, R. DEAN	
STREET ADDRESS	22377 BELMONT RODGE ROAD	
CITY-ST-ZIP	AHSBURN VA 20148-4501	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, JUDITH	
STREET ADDRESS	9125 W BUSH LAKE	
CITY-ST-ZIP	MINNEAPOLIS MN	

TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Lose, FASLA	
STREET ADDRESS	40 Rutledge St.	
CITY-ST-ZIP	Nashville, TN 37210	
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Hall, CLP	
STREET ADDRESS	20 Hancock	
CITY-ST-ZIP	St Louis, MO 63125	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Lehman	
STREET ADDRESS	24425 S Tyron St	
CITY-ST-ZIP	Channahon, IL 60410-9256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Washington	
STREET ADDRESS	120 N Hamilton Dr, No. 7	
CITY-ST-ZIP	Beverly Hills, CA 90211	

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:

Dean Tice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

RECEIVED REQUIRED: Dean Tice, Executive Director 3/21/00 703/858-0784