

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N04106**

1. Entity Name

**VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI,**

Principal Place of Business

Mailing Address

45 ALMERIA AVÉ.  
CORAL GABLES FL 33134

P O BOX 14-2141  
CORAL GABLES FL 33114-2141  
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

**59-2508261**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAINSLEY, GERALD S.  
3340 SW 16 TERR  
MIAMI FL 33145**

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 PD  Delete  
NAME WEBER, MICHAEL  
STREET ADDRESS PO BOX 416154 N/A  
CITY-ST-ZIP MIAMI BCH FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME THORP, JOHN  
STREET ADDRESS 12370 SW 225 ST  
CITY-ST-ZIP MIAMI FL 33170

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SOBRINO, CARLOS  
STREET ADDRESS 1182 MEADOWLARK AVE  
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  Delete  
NAME MCMANUS, BRUCE  
STREET ADDRESS 13630 SW 96 ST  
CITY-ST-ZIP MIAMI FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME ORTEZ, EPPIE  
STREET ADDRESS 11794 SW 273RD LANE  
CITY-ST-ZIP HOMESTEAD FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  Delete  
NAME LEE, GARY E  
STREET ADDRESS 12270 SW 30TH ST  
CITY-ST-ZIP MIAMI FL FL

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:

*GARY E LEE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00  
Date

305-995-3022  
Daytime Phone #