

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004186

1. Entity Name

FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION.

Principal Place of Business

1280 N CONGRESS AVE  
#213  
WEST PALM BEACH FL 33409

Mailing Address

RT 7 BOX 951  
QUINCY FL 32351-9558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

Country

32351

Country

4. FEI Number

65-0437065

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

KOEHLER, DENNIS P ESQ  
1280 N CONGRESS AVE  
#213  
WEST PALM BEACH FL 33409

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	D	<input type="checkbox"/> Delete
NAME	KOEHLER, DENNIS P. ESQ	
STREET ADDRESS	1280 N. CONGRESS AVE., #213	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, MICHAEL	
STREET ADDRESS	P.O. BOX 14-2141 N/A	
CITY-ST-ZIP	CORAL GABLES-FL-33114	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, DAVID	
STREET ADDRESS	2245 SW OAKRIDGE ROAD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANKERSON, HERBERT L	
STREET ADDRESS	2311 NW 38TH AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311-2648	
TITLE	T	<input type="checkbox"/> Delete
NAME	YEOMANS, MARY C	
STREET ADDRESS	RT. 7 BOX 951	
CITY-ST-ZIP	QUINCY PI 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOPROWSKI, JOHN	
STREET ADDRESS	PO BOX 890 N/A	
CITY-ST-ZIP	ZEPHERHILLS FL 33539	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary C Yeomans, Treasurer

Date

Daytime Phone #

2-19-2000 (850) 487-3162

CR2E037 (9/99)